



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2105

1. Project Title Central Receiving System - Citrus County

2. Senate Sponsor Blaise Ingoglia

3. Date of Request 02/21/2023

4. Project/Program Description

The funding will be utilized for a Citrus County Central Receiving System which will provide a 20-bed Baker Act Receiving facility to provide inpatient psychiatric services and a centrally located behavioral health Access/Emergency Services unit. Currently, there are no means for citizens to get these essential public safety and quality healthcare services within the county. As the number of individuals needing services increases, it is critical for the county to provide this essential service.

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

State Agency contacted? Yes

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

Type of Funding	Amount
Operations	1,500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,500,000</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)	1,500,000	75%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	500,000	25%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>2,000,000</b>	<b>100%</b>

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	1,500,000	372	No

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 1,500,000

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

The payment for provision of Baker Act inpatient services is a State responsibility required by F.S. 394. There is no 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



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

\$1,008,768.00 in FY2021-2022 - Expenses related to prevent, prepare and respond to the Pandemic including the creation of a COVID-19 Isolation unit, equipment, supplies, additional personnel costs, and lost revenues for our licensed free-standing psychiatric hospital unit.

## 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 Salaries and Benefits including health insurance, payroll taxes, pension, w/comp insurance and re-employment insurance	4,800
Other Salary and Benefits	Pro-rated Administrative Salaries and Benefits including health insurance, payroll taxes, pension, w/comp insurance and re-employment insurance	86,150
Expense/Equipment/Travel/Supplies/Other	Pro-rated Admin Building Occupancy, Administrative Insurance, Administrative Licenses & Taxes, and Other Administrative Operating Supplies	42,600
Consultants/Contracted Services/Study	Pro-rated Audit, Legal, and other Professional Services	6,000
<b>Operational Costs: Other</b>		
Salary and Benefits	Pro-rated Direct Program Salaries plus Fringe Benefits including health insurance, payroll taxes, pension, workman compensation insurance and re-employment insurance	1,058,500
Expense/Equipment/Travel/Supplies/Other	Pro-rated Direct Program Building Occupancy, Food services, Medical & Pharmacy supplies, Insurance, Linens, Consumables, and Other Operating Supplies	282,000
Consultants/Contracted Services/Study	Pro-rated Direct Program Interpreting Services and Electronic Health Record & other Information Technology support services	19,950
<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>1,500,000</b>

### 14. Program Performance



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

The goal is to provide efficient and effective behavioral health services in Citrus County. The Access Center and emergency services unit will serve as a centralized system for referring agencies and consumers in crisis to easily accessible services provided by LifeStream within the county. This will avoid more costly treatment options or over utilization of the emergency rooms and jails to treat mental health and substance abuse issues. This intake and referral system will prioritize access to services based on the individual's needs and help to develop a collaborative process to ensure that individuals receive the timely services they need in order to promote quality, cost-effective outcomes. In addition, LifeStream will provide Baker Act receiving services, crisis stabilization unit services (inpatient psychiatric stabilization), residential services and an assessment facility to assess individuals to determine the most appropriate level of care.

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

The activities will assure indigent care is available to individuals who enter the Citrus County Access Center and those who are placed under the Baker Act. LifeStream provides this much needed care to individuals placed under the Baker Act by licensed professionals, the judicial system and/or law enforcement. The number of individuals receiving inpatient psychiatric care has increased over the years as the population of Citrus County has grown from 118,085 in the year 2000, to today's census of over 158,000 people. Citrus County continues its fast growth due to low cost of living, public and protected lands, Gulf Coast lifestyle, and proximity to Tampa, Orlando, and Gainesville. During those 22 years, there have been no appropriation increases for population growth, or cost of living.

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

The following services are provided: short-term inpatient treatment to individuals with serious, acute psychiatric illness who are experiencing a psychiatric crisis, 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 for up to 60 days post discharge to ensure that individuals attend aftercare services, thus reducing recidivism. After individuals are discharged, they receive outpatient medication management, primary care services, individual, family and/or group therapy, residential treatment, case management and/or other services deemed appropriate.

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

Citrus County's population of persons in poverty is 15.5%, much higher than the national average of 11.6%. Persons with severe mental illness will benefit from treatment in these Baker Act Receiving Facility beds. Crisis Stabilization services in a state designated public Baker Act Receiving Facility are utilized for any citizen who is determined to be a danger to themselves or others in accordance with F.S. 394. Approximately nine hundred (900) individuals will be served by these beds.

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

The expected benefit is to assure indigent care is available to individuals who are placed under the Baker Act. LifeStream provides this much needed care to individuals placed under the Baker Act by licensed professionals, the judicial system and/or law enforcement. The loss of these services will result in costly and ineffective services that are provided in emergency rooms and jail/prison system. Additional Baker Act capacity will allow law enforcement to spend more time protecting the community and result in cost savings. The general public will benefit due to increased public safety. The outcomes will be tracked, analyzed and reported as appropriate. This includes output data, number of admissions, number of consumers served, utilization rate, days of service provided, recidivism, cost per episode of care, successful completion, diversion from State Hospital or more expensive modalities, and individual improvement of functioning.

**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?**



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If there is an area in which LifeStream is deficient, it is suggested that a corrective action plan be implemented and monitored to ensure that the deficient area(s) is/are corrected in a timely fashion. If LifeStream is not meeting the deliverables or performance outlined in the contract, then 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