



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2825

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The purpose of the project is to establish a Central Receiving Facility (CRF) for St. Lucie, Okeechobee, Indian River, and Martin counties. The CRF is projected to provide behavioral health 72,000 services to more than 10,000 residents of the Treasure Coast and Okeechobee.

5. **State Agency to receive requested funds**

**State Agency contacted?**

6. **Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

Type of Funding	Amount
Operating	3,640,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>3,640,000</b>

7. **Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	3,640,000	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 2025-2026</b>	<b>3,640,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**

If yes, provide the most recent instance:

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

9. **Is future-year 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.**

None.

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



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**10. Status of Construction**

**a. What is the current phase of the project?**

- Planning    
  Design    
  Construction    
  N/A

**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?**

**e. What funding stream will be used for ongoing operations and maintenance of the project?**

**11. 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.**

**12. 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	Executive	50,000
Other Salary and Benefits	All other agency support (HR / IT / Finance / Quality / Records / etc)	225,000
Expense/Equipment/Travel/Supplies/ Other	Expenses	125,000
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Program Manager \$120k 2 FTE ARNP \$370k 2.0 LMHC \$165k 4.0 SMHC \$300k 8.0 FTE RNs \$690k 4.0 FTE Lead Recovery Support Technicians \$200k 8.0 FTE RSTs \$370k 2.0 FTE Certified Peer Specialist \$92k 2.0 FTE Care Coordinator \$140k PRN / Overtime \$253k Maintenance / Security / Housekeeping \$100k	2,800,000
Expense/Equipment/Travel/Supplies/ Other	Occupancy (6.5k sq ft); Insurance; Startup; Other Operations; 1 transport vehicle; furniture, other	425,000
Consultants/Contracted Services/Study	Payroll Services; Financial Audit	15,000
<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>3,640,000</b>

**13. Program Performance**

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



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The CRF will provide 24/7 access for all individuals to crisis assessment, brief interventions, referral services, transitional care, and coordinated connection to outpatient service providers; improving behavioral health outcomes for residents of the Treasure Coast and Okeechobee County and reducing emergency room visits and law enforcement contact.

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

The CRF will provide initial assessments, triage, case management, care coordination and related recovery services including detoxification and crisis stabilization. The CRF is project to provide 72,500 services annually.

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

Direct services to be provided to citizens will include Baker Act screening by qualified professional staff; referral and transportation to appropriate hospital beds when admission is needed for stabilization; triage and linkage to community behavioral health services as needed.

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

This project will serve the citizens of the Treasure Coast and Okeechobee counties that are experiencing a behavioral health crisis and in need of a Baker Act screening to determine level of risk of harm to self or others.

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

Anticipated outcomes include increased access to emergency mental health services, measured by decreased wait times for evaluation and admission; increased community presence of law enforcement through reduced drop-off times when transporting individuals to the CRF for Baker Act screening; decrease in arrest, incarceration, and crime by the individuals served by this program as measured by longitudinal data for persons engaged in services; and improved functioning for individuals with diagnosed substance use disorder that engage in services as measured by the Functional Assessment Scale administered by Lakeview Center

**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 in the contract?**

Unspent funds to be returned to DCF based on annual reconciliation of reasonable and allowable expenses.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**a. If Yes, what phase best describes the project?**

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**



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**b. Provide the total project cost listed on the FEMA project worksheet:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):**

**17. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**18. 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**  **Ext.**



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#### 19. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*