



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3281

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

SalusCare seeks legislative support to implement a 24/7 central receiving facility (CRF) to meet the growing demand for critical behavioral health services and streamline the identification, diagnosis and treatment of those in need of these critical services. This is a "no-wrong door" approach for children and adults.

The (CRF) provides those experiencing a crisis a convenient point of entry into the mental health and substance use systems for immediate assessment, as well as subsequent referral and linkage to appropriate and available providers and services.

- Services Offered:
- Assessments
 - Crisis Support/Emergency Services
 - Psychiatric Services
 - Case Management
 - Care Coordination
 - Referral and Linkage
 - Peer Recovery Support

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	2,782,767
Fixed Capital Outlay	0
Total State Funds Requested	2,782,767

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)	2,782,767	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 2025-2026	2,782,767	100%

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		



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9. Is future-year 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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Allocation of CEO, CMO	30,271
Other Salary and Benefits	Accounting, HR, Other Admin, IT salary allocation based on FTE	269,730
Expense/Equipment/Travel/Supplies/Other	Admin/IT expense allocation including expenses for Attorney Fees, Laptop Leases, Professional Dues, IT Maint contracts, CPA Fees based on FTE	125,000
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Intake Clinicians, RN's, Transport, APRN, support and supervision	2,159,815
Expense/Equipment/Travel/Supplies/Other	Occupancy costs, travel, medicine/pharmacy, insurance, supplies, equipment, support allocation	189,951
Consultants/Contracted Services/Study	Food Service	8,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		2,782,767



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13. Program Performance

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

Lee County is without a no wrong door approach to mental health and addiction treatment for its residents. SalusCare, the largest and oldest not for profit provider of behavioral health services in Lee County, currently operates a 46-bed public receiving facility (30 adult beds and 16 children's beds). This is the only public receiving facility for children in Lee County, and one of 2 for adults, which also serves Hendry and Glades counties.

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

Operating a Centralized Receiving Facility will streamline access for all residents of Lee, Hendry and Glades counties. Access to behavioral health services including crisis care and detoxification will be available 24/7 for these communities. One location will also streamline and significantly speed up the process for law enforcement, first responders and other emergency services.

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

Crisis stabilization, assessments, outpatient therapy and psychiatry, care coordinator, detoxification and recovery support.

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

Children and adults who are experiencing a mental health crisis or in need of behavioral health services. Up to 16,000 individuals the first year.

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

Engaging individuals into care before they reach a crisis point.
 Accepting patients when THEY are ready for assistance.
 Reducing confusion with access to services.
 Reduced emergency department utilization
 Improved treatment outcomes.
 Measurements may include: Clinical assessments, patient surveys, utilization data and cost-benefit analysis

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?

Suspension of funding until deliverables are met.

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



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- No
- No, but intends to apply

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

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)



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d. First Name Last Name

e. E-mail Address

f. Phone Number Ext.

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.