



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3423

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The UF Health Psychiatric Hospital accepts and treats patients regardless of their ability to pay. We strive for the highest quality of care for everyone that comes to our facility and to support those from Alachua County and our adjacent eight county service area. We propose to implement intensive behavioral health outpatient and partial hospitalization programs for patients as they step down from their acute inpatient admission and prepare for transition back and support that successful transition.

5. State Agency to receive requested funds

State Agency contacted?  Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	1,185,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,185,000</b>

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,185,000	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 2024-2025</b>	<b>1,185,000</b>	<b>100%</b>

8. Has this project previously received state funding?  No

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

9. Is future 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.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

No



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

\$48.9 million. The estimated cost of covid to Shands was \$148.8 millions. The funds received went to cover a portion of that loss. Federal funds came up \$81.4 million short.

## 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    
  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?

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	Program Manager	95,000
Other Salary and Benefits	Coordinator for youth programs	75,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Admissions specialists, Social workers, nurses, therapists, mental health techs and physicians that will support the care in this program.	915,000
Expense/Equipment/Travel/Supplies/Other	Outreach expenses as part of school partnerships.	100,000
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>1,185,000</b>

### 14. Program Performance

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

UF Health Shands Psychiatric hospital will create and implement step down programs (such as intensive outpatient and partial hospitalization) for patients once they have completed inpatient acute care and are preparing to transition out. These programs provide ongoing support of their mental health needs and will support those who do not have funding for such programs.



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

We will provide step down IOP (intensive outpatient) or PHP (partial hospitalization) programs to augment the acute inpatient services we already offer. Unfunded patients are unable to receive these types of treatments in the community now and we seek to support their needs to reduce the mental health burdens in our community.

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

Expanded mental health services.

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

Approximately 300-400 to start and we aim to grow that over time.

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

We aim to reduce readmissions to the emergency departments and the Psychiatric Hospital. We have discrete data we can use to determine if this is successful.

**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 not getting funding if we are not achieving the performance measures we set out to achieve.

**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**



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#### 17. Lobbyist Contact Information

a. Name	<input type="text" value="Monica L. Rodriguez"/>
b. Firm Name	<input type="text" value="Ballard Partners"/>
c. E-mail Address	<input type="text" value="monica@ballardpartners.com"/>
d. Phone Number	<input type="text" value="(850)577-0444"/>