



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1146

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The funds will support the preservation of current access to critical behavioral health services for patients who are underinsured or uninsured. Without this funding, more than 1,500 residents in Hillsborough County would lose access to the care provided by crisis stabilization units.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	2,045,110
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>2,045,110</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)	2,045,110	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>2,045,110</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	2,045,110	378	No

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.

Possible federal dollars

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

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



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\$1,046,600 – PPP funds used for payroll; \$4,560 – HHS Stimulus used for operating; \$43,783 –HHS Stimulus used for operating; \$150,000 – Hillsborough used for technology.

## 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Direct service personnel required, including behavioral health techs, nurses, and psychiatrists.	1,726,687
Expense/Equipment/Travel/Supplies/Other	Office equipment, medical supplies, purchased services e.g. food, patient transportation, etc.	318,423
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>2,045,110</b>

### 14. Program Performance

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

Reducing more costly admissions to state hospital. Allows for immediate CSU admission vs. the utilization of emergency rooms and hospital indigent expenses. Reduces use of jails as mental health facilities. Coordination of care upon discharge by Gracepoint and Northside supports the statewide system of care by managing re-entry and follow up services designed to reduce recidivism rates.

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



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Short-term, intensive psychiatric care for individuals during times of emergent need. A safe environment and immediate stabilization for patients working through times of crisis and helping to find appropriate post discharge clinical care.

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

24-hour observation, medication prescribed by a physician or psychiatrist, various medical assessments and evaluations, lab work, crisis counseling, therapeutic activities.

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

Persons with poor mental health. The funding for the beds will create capacity for an annual total of 5,840 bed days, serving an estimated 2,063 patients.

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

Reduce more costly admissions to state hospitals. Allow for immediate crisis stabilization unit (CSU) admissions vs. the utilization of emergency rooms and low-income pool (LIP) dollars. Reduces the use of jails as mental health facilities. Coordination of care upon discharge by Gracepoint and Northside supports the statewide system of care by managing re-entry and follow up services designed to reduce recidivism rates. Performance measures utilized are readmission rates, average length of stay, number served, number of bed days utilized, and cost per bed day.

**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 reduction of funding specific to actual beds utilized.

**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**



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e. E-mail Address

f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number