



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2611

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Funding to provide infrastructure renovations to the Pasco County public receiving facility to optimize patient intake and triage. Services in the facility include crisis triage, screening, evaluation, diagnosis; medical evaluation; inpatient crisis stabilization; inpatient withdrawal management; case management; care coordination; recovery supports; information and referral; medication management; medication assisted treatment. The project will provide a clinical environment that functions as a more comfortable and efficient workspace to increase capacity and throughput. The facility will be able to meet any shift in demand and adapt in real time. Infrastructure remodeling includes a comfortable waiting area, expanded triage area/admission offices, clear paths of movement between intake and stabilization unit, and secure egress.

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	0
Fixed Capital Outlay	2,000,000
Total State Funds Requested	2,000,000

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)	2,000,000	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 2024-2025	2,000,000	100%

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?**



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

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Architectural designs and permitting. Actual renovation costs to receiving facility.	2,000,000
Total State Funds Requested (must equal total from question #6)		2,000,000

14. Program Performance

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

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



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This is a capital renovation project that will incorporate design elements that maximize space usability and flexibility. The facility would be able to meet any shift in demand and adapt in real time. Infrastructure remodeling includes comfortable waiting area, expanded triage area/admission offices, clear paths of movement between intake and stabilization unit, secure egress.

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

This is a capital renovation project. Services in the facility include crisis triage, screening, evaluation, diagnosis; medical evaluation; inpatient crisis stabilization; inpatient withdrawal management; case management; care coordination; recovery supports; information and referral; medication management; medication assisted treatment.

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

Adults in need of evaluation and/or stabilization under the Baker Act or Marchman Act (elderly, persons with poor mental or physical health, economically disadvantaged adults, homeless, substance users, currently or formerly incarcerated adults, drug offenders). >800 adults served.

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

Physical health improvement through screening at admission and upon discharge. Linkage to or collaboration with primary care physician measured by individual health status - medical record. Pre and post physical health screening. Improved mental health and increased quality of life per self-report. Diversion from acute care with linkage to Urgent Care Center. Rapid access to care. Measured by evidenced based screening and assessment tools. Decreased readmission rates and increased engagement at point of discharge or transition to Urgent Care Center. Ability to return quickly to community. Turnaround time and reduced wait times for law enforcement drop off to Integrated Stabilization Unit measured by wait times. Reduction in cost via diversions from state hospital placement, emergency room boarding, and use of jails for mental health or withdrawal management stabilization. Reduction in Baker Act and Marchman Act readmission rates.

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?

Any non-compliant deliverables or unmet performance outcomes will be corrected through the managing entity with a detailed action plan.

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)



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- 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