



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Northside Mental Health Center - Crisis Stabilization Unit

2. **Senate Sponsor:** Darryl Rouson

3. **Date of Submission:** 11/06/2017

4. **Project/Program Description:**

Provide five (5) additional adult mental health crisis stabilization inpatient beds

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Children and Families

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
550,000		550,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	126,500	18.7%
Other	0	0.0%
TOTAL	126,500	18.7 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 676,500

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 2

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY <u>2017-18</u>
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The Florida Senate

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	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:	100,000	275,000	375,000

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

Northside Mental Health Center is requesting funding for additional purchased beds allowing the adult mental health crisis stabilization program to continue to admit uninsured or under-insured individuals needing short-term acute mental health crisis stabilization and concurrently continuing to have beds occupied by individuals awaiting state hospital transfers.

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

The state funds will be used to add five (5) additional adult mental health crisis stabilization beds to continue admitting individuals needing short-term crisis stabilization and concurrently reducing the need to have individuals admitted to the state hospital. Purchasing additional beds will allow the community crisis stabilization unit to fulfill the demand for crisis stabilization in Hillsborough County and provide access to a full continuum of services in their community thus preventing the need for more intensive and costly care. The cost of one CSU bed is approximately \$109,000 annually as opposed to a state hospital bed which costs approximately \$145,000 annually.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



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Local Funding Initiative Request - Fiscal Year 2018-2019

<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Psychiatrist, Nurse, Mental Health Technicians, Case Managers/Discharge Planners, Program Manager, Pharmacist	420,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Patient meals, laundry services, program supplies	130,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		550,000

d. What are the direct services to be provided to citizens by the appropriations project?

Northside Mental Health Center will provide adult mental health short-term crisis stabilization services to those individuals who are experiencing an acute psychiatric crisis and in immediate need of acute in-patient short-term stabilization services.

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

Persons with poor mental health, jobless persons, economically disadvantaged persons, homeless, developmentally disabled, university/college students, victims of crime; 101-200 expected to be served

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

*Improve mental health through Rapid Access to Care - increase numbers served for those adult individuals in need of mental health inpatient crisis stabilization; *Reduce recidivism through Readmission Rate - 10% reduction for three (3) or more acute care admissions within 180 days; *Divert from State Hospital (criminal) through Wait List - 20% reduction in State Hospital admissions.

g. 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?

Northside Mental Health Center has worked with our Managing Entity (ME) and the Department of Children and Families (DCF) during the current year to ensure the current funding meets the required goals of the contract and brings value back to the community. We would work directly with the ME and DCF going forward to ensure any necessary penalties are added to the contract to achieve the expected performance measures.



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Local Funding Initiative Request - Fiscal Year 2018-2019

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

- a. **Name:** Elaine Churton
- b. **Organization:** Northside Mental Health Center
- c. **Email:** Elaine.Churton@northsidemh.org
- d. **Phone Number:** (813)977-8700

14. Recipient Contact Information:

- a. **Organization:** Northside Mental Health Center
- b. **County:** Hillsborough
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Latoya Miller Francis
- e. **E-mail Address:** L.Miller-Francis@northsidemh.org
- f. **Phone Number:** (813)977-8700

15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. **Name:** Ron Pierce
- b. **Firm:** RSA Consulting Group, LLC
- c. **Email:** ron@rsaconsultingllc.com
- d. **Phone Number:** (813)778-5578