



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Circles of Care - Harbor Pines & Cedar Village

2. **Senate Sponsor:** Debbie Mayfield

3. **Date of Submission:** 11/16/2017

4. **Project/Program Description:**

This project funds beds in two psychiatric facilities: (1) Harbor Pines – 7.4 Baker Act Crisis Stabilization Unit beds. CSUs are a critical part of the public safety net by providing for both voluntary and involuntary psychiatric examinations in a restrictive civil environment for the protection of the patient and others. Adequately funded CSUs treat more county residents within the county and in less restrictive and less costly environments than commitments to longer-term state mental health hospitals. (2) Cedar Village – 8 Mental Health Residential Level II beds provide housing in the least restrictive environment for the severely and persistently mentally ill that are at-risk for stable housing in the community. These beds serve as a step-down from the State Hospital as well as diversion of patients hospitalized in local crisis stabilization and inpatient units that may otherwise be committed to the more restrictive and expensive State Hospital or Residential Level I services.

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
1,500,000		1,500,000

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	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,500,000

9. **Previous Year Funding Details:**



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- 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) 3
- 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 2017-18		
	(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:		1,455,000	1,455,000

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

Yes

- a. If yes, indicate non-recurring amount per year.

1,500,000

11. Program Performance:

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

The requested funds will purchase 7.4 adult Baker Act Crisis Stabilization Unit beds for Brevard County for the indigent population that represent an imminent danger to themselves or others. The funding will also purchase eight (8) Mental Health Residential Level 2 treatment beds designed to divert patients from more costly acute inpatient psychiatric hospitals, crisis stabilization units, jails, and civil or forensic state facilities.

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

All activities and professional services within the scope of accredited inpatient and residential psychiatric care

- c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	General administration of a licensed crisis stabilization unit and residential level 2 beds	22,000



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<input checked="" type="checkbox"/> Other Salary and Benefits	HR, Payroll, Payables	24,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	General direct and allocated administrative expenses	31,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Direct care staffing including psychiatry, nursing, psychology and social work	1,075,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Daily ongoing operation of a licensed crisis stabilization unit and residential level 2 facility. Includes food, pharmacy medication, insurance, and other essentials for daily operations	348,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,500,000

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

The direct services provided at the Harbor Pines facility include psychiatric inpatient care which includes psychiatric assessment; crisis stabilization; psychotropic as well as general medication management; history and physical; general medical services; social work, case management, nursing, activity therapy, dietary; as well as other services provided within the scope of licensed inpatient psychiatric hospitals. Cedar Village provides the room and board services that contribute to the comprehensive treatment program for mentally ill individuals in a community-based residential setting.

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

The target population for the Harbor Pines program are those clients that represent an imminent threat to themselves or others due to mental illness and are hospitalized in a crisis stabilization unit for psychiatric assessment and stabilization. The target population for the Cedar Village program are those severe and persistently mentally ill that are unable to live independently. Other sub-populations may include: Persons with



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poor physical health; jobless persons; economically disadvantaged persons; homeless; and Baker Act commitments. Annually, it is expected that between 401 and 800 individuals will be served.

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

Harbor Pines - The intended outcome is to provide the availability of 2,555 bed days of adult crisis stabilization unit services to individuals in acute psychiatric crisis, including those at imminent risk of harming self or others. Benefits of the program include the provision of care in a community mental health facility for acute psychiatric crises that endanger the patient and / or the community thereby reducing the costs associated with medical care due to injury or death. The Cedar Village program produces over 2,600 bed days of Residential Level 2 services, providing diversion from "deeper end" services such as civil state hospital commitments, acute psychiatric inpatient, or CSU episodes. The program allows patients to continue to receive intensive mental health treatment in their local community in the least restrictive environment that they can function. Utilization data is reported to the Department of Children and Families monthly and reported to the legislature annually.

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?

Percentage depending on earnings.

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.

No fixed capital outlay funding.

13. Requestor Contact Information:

- a. **Name:** Stephen Lord
- b. **Organization:** Circles of Care, Inc
- c. **Email:** slord@circlesofcare.org
- d. **Phone Number:** (321)693-6899

14. Recipient Contact Information:

- a. **Organization:** Circles of Care, Inc
- b. **County:** Brevard
- 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:** Stephen Lord
- e. **E-mail Address:** slord@circlesofcare.org
- f. **Phone Number:** (321)693-6899



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

a. Name: Chris Dorworth

b. Firm: Ballard Partners

c. Email: dorworth@ballardfl.com

d. Phone Number: (850)577-0444