



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Mobile Crisis Team Escambia

2. **Senate Sponsor:** Doug Broxson

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

4. **Project/Program Description:**

Establish a Mobile Crisis Team in Escambia County.

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
610,726		610,726

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):** 610,726

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.

<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b>
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	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

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

Yes

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

\$1- \$3 Million

### 11. Program Performance:

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

Lakeview Center proposes to develop a 24/7 mobile crisis service team to provide immediate intensive assessments and interventions, including screening for admission into mental health receiving facilities and addictions receiving facilities or detoxification facilities for the purpose of identifying appropriate treatment services.

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

The mobile crisis team will provide immediate intensive assessments.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Director and psychiatrist who can consult & provide direction.	95,000
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Clinicians/case workers/counselors.	436,386
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Mileage, equipment and admin services.	79,340
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		610,726

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

Assessments, evaluations, emergency screening, individual therapy and recommendations for treatment.

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

Persons with poor mental health, economically disadvantaged persons, at risk youth, drug users, grade school students, high school students, university/college students, currently or formerly incarcerated persons, drug offenders, victims of crimes.

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

Improved mental health - because of quick intervention -measured by reduced acute mental health admissions. General public protected from harm - because of quick intervention- measured by decreased violence in the community. Reduced recidivism - resulting in less inpatient treatment - measured by prior utilization to post diversion. Reduced substance abuse - resulting in increased number of Marchman Acts - measured by numbers placed in appropriate substance abuse settings. Diversion from Criminal/Juvenile Justice System - resulting in less criminal court appearances - measured by documentation of court involvement.

**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?**

Lakeview Center would execute the standard contract for services with DCF. That language includes financial penalties for non-performance, as well as the possibility of a corrective plan and constant monitoring to ensure deliverables are accomplished.

**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



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### **13. Requestor Contact Information:**

- a. **Name:** Allison Hill
- b. **Organization:** Lakeview Center, Inc
- c. **Email:** Allison.Hill@bhcpns.org
- d. **Phone Number:** (850)469-3700

### **14. Recipient Contact Information:**

- a. **Organization:** Lakeview Center, Inc
- b. **County:** Escambia
- 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:** Dennis Goodspeed
- e. **E-mail Address:** Dennis.goodspeed@BHCPNS.ORG
- f. **Phone Number:** (850)469-3831

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

- a. **Name:** Alicia Skolrood
- b. **Firm:** Baptist Health Care
- c. **Email:** Alicia.Skolrood@bhcpns.org
- d. **Phone Number:** (850)469-7159