



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2222

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

The Crisis Stabilization Unit (CSU), Lee County's only Baker Act receiving facility, which serves 4,000 children and adults in psychiatric crisis (suicidal, homicidal and self-neglect) annually suffered flood damage throughout the facility during Hurricane Ian. As a result, the CSU has been closed since Ian landed. Both flood and property insurers have denied responsibility for flooding. SalusCare is appealing this decision, but the facility must open as soon as possible to serve the acute psychiatric needs of the community.

5. **State Agency to receive requested funds**

**State Agency contacted?**  No

**6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	900,000
<b>Total State Funds Requested</b>	<b>900,000</b>

**7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	900,000	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 2023-2024</b>	<b>900,000</b>	<b>100%</b>

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?**

No



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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

b. Is the project "shovel ready" (i.e permitted)?

Yes

c. What is the estimated start date of construction?

2/1/2023

d. What is the estimated completion date of construction?

8/1/2023

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.

SalusCare will directly receive the funding to rebuild. No additional entities or individuals will benefit.

### 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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Rebuild of SalusCare Baker Act Receiving Facility - serving children and adults in Lee, Hendry and Glades Counties. The storm was severely damaged/flooded during hurricane Ian	900,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>900,000</b>

### 14. Program Performance

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

The purpose of the funds is to rebuild The Crisis Stabilization Unit (CSU) that experienced mass damages as a result of Hurricane Ian. The CSU has been closed since Ian landed. Both flood and property insurers have denied responsibility for flooding and SalusCare is appealing the decision.

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



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With the rebuild and reopening of the Crisis Stabilization Unit, individuals will have access to critical and lifesaving emergency psychiatric services. With the increase in demand, suicide and overdose rates have doubled and the resonate affects from the pandemic continue to fuel the need for emergent services.

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

The Crisis Stabilization provides psychiatric services to both adults and children and is the Baker Act receiving facility for the tri-county area.

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

The Crisis Stabilization Unit (CSU), Lee County's only Baker Act receiving facility, which serves 4000 children and adults in psychiatric crisis (suicidal, homicidal and self-neglect) annually.

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

Residences of Lee, Hendry, and Glades county will have access to critical and lifesaving emergency psychiatric services located within their region without having to be transfer to other parts of Florida. There is an increase suicide rates, overdose incidents, and behavioral health challenges as a result of both the COVID-19 Pandemic and Hurricane Ian. Successful outcomes are measured by the discharges and reduction in recidivism 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?**

The inherent penalty of failure is a lack of life-saving services to Southwest Florida residences. No additional penalties should be imposed.

**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