



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1871

1. **Project Title** LifeStream Citrus County Central Receiving System

2. **Senate Sponsor** Wilton Simpson

3. **Date of Request** 12/05/2019

4. **Project/Program Description**

The funding will be utilized for the first phase of a Citrus County Central Receiving System which will provide a central behavioral health Access Center and emergency service unit. Currently there is no means for citizens to get these essential public safety and quality healthcare services within Citrus County. As the number of individuals needing services increases, it is critical to provide the services.

5. **State Agency to receive requested funds** Department of Children and Families

State Agency contacted? ☒ Yes ☐ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	750,000
Fixed Capital Outlay	000
<b>Total State Funds Requested</b>	<b>750,000</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	750000	94.0 %
<b>Matching Funds</b>		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	50,000	6 %
Other	00	0 %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>800,000</b>	<b>100 %</b>

8. **Has this project previously received state funding?** ☒ Yes ☐ No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2019-20	00	600,000	373	No

9. **Is future-year funding likely to be requested?** ☒ Yes ☐ No

If yes, indicate nonrecurring amount per year. 750,000



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#### 10. 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	10% Overhead Allocation Rate. Pro-rated Salaries and Benefits including health insurance, payroll taxes, pension, w/comp insurance and re-employment insurance.	2,375
Other Salary and Benefits	10% Overhead Allocation Rate. Pro-rated Admin Salaries and Benefits including health insurance, payroll taxes, pension, w/comp insurance and re-employment insurance.	41,825
Expense/Equipment/Travel/Supplies/Other	10% Overhead Allocation Rate. Pro-rated Admin Bldg Occup, Admin Insurance, Admin Licenses & Taxes, and Other Admin Operating Supplies.	20,845
Consultants/Contracted Services/Study	10% Overhead Allocation Rate. Pro-rated Audit, Legal, and other Professional Services.	2,955
<b>Operational Costs: Other</b>		
Salary and Benefits	Pro-Rated Direct Program Salaries, plus Fringe Benefits at 24% including health insurance, payroll taxes, pension, workers comp insurance and re-employment insurance.	501,756
Expense/Equipment/Travel/Supplies/Other	Pro-Rated Direct Program Building Occupancy, Food services, Medical & Pharmacy, Insurance, Linens, Consumables, and Other Operating Supplies.	162,449
Consultants/Contracted Services/Study	Pro-Rated Direct Program Interpreting Services and EHR & other information technology support services.	17,795
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		750,000



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#### 11. Program Performance

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

The funding will be utilized for the first phase of a Citrus County Central Receiving System, which will provide a central behavioral health Access Center and emergency service unit. Due to an increase in individuals requiring crisis stabilization services in Citrus County and no means to provide the appropriate services within the county, the ability to provide the essential public safety and quality healthcare services to the affected population is severely diminished. An estimated 61.7% of adults in Citrus County with mental illness do not receive appropriate treatment. The suicide rate in Citrus County is one of the highest in Florida and the overdose rate from drug abuse is higher than some metropolitan areas. As the number of individuals needing services has increased in the county, the need for a Central Receiving System and short term residential treatment in Citrus County is apparent.

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

The behavioral health Access Center and emergency services unit will serve as a centralized, efficient system for referring agencies and consumers in crisis to easily access services provided by LifeStream's continuum of care in order to avoid more costly treatment options or over utilization of the emergency rooms and jails to treat behavioral health issues such as mental illness and substance abuse. This intake and referral system will prioritize access to services based on the individual's needs and help to develop a collaborative process to ensure that individuals receive the timely services they need in order to promote quality, cost-effective outcomes.

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

The following services will be provided: centralized assessment and evaluation, and referral for psychiatric evaluation, medical history and a physical to identify any medical issues that may be contributing to the psychiatric crisis, medication management for psychiatric and medical issues, psychosocial, educational and occupational therapy groups, medication education groups, brief and intensive stabilization services, nursing assessments, family, group, and individual therapy as needed, discharge planning and referrals, appointments for follow up services and care management post discharge to ensure that individuals attend aftercare services, thus reducing recidivism. After individuals are discharged, they receive outpatient medication management, primary care services, individual, family and/or group therapy, residential treatment, case management and/or other services deemed appropriate.

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

The project will serve individuals who are experiencing a behavioral health (substance abuse and/or mental health) crisis and are in need of an intervention in order to stabilize their situation. This project will provide an assessment and evaluation process in Citrus County resulting in a more efficient and effective service delivery. It is expected that this project will serve approximately 800 individuals in Citrus County.

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

The expected benefit is to assure individuals who are experiencing a crisis due to their mental health and/or substance abuse issues can receive timely services. As a result of not having these services, individuals utilize costly and ineffective services in emergency rooms and jail/prison to address their crisis status. This project will allow law enforcement to spend more time protecting the community, divert individuals from more costly services such as the jail and emergency rooms and result in cost savings. The general public will benefit due to increased public safety and access to appropriate services. Outcomes will be tracked, analyzed and reported as appropriate. This includes: output data, number of admissions, number of consumers served, utilization rate, days of service provided, recidivism, cost per episode of care, successful completion, diversion from State Hospital or more expensive modalities, and individual improvement of functioning.

##### 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 in the contract?

If LifeStream is not meeting the deliverables or performance measures provided for in the contract, the State may cancel the contract.



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12. 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.

N/A

13. Requestor Contact Information

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. 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
- e. E-mail Address
- f. Phone Number

15. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.