



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1210

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

4. **Project/Program Description**

The project is the construction of the South Florida Children's Mental Health Crisis Center. The facility will be the only children's crisis stabilization center in south Miami-Dade County able to care for and treat Miami Dade and Monroe County children with severe psychological issues who are at risk of harming themselves or others. With the children's crisis center in place, more than a thousand children ages 4-17 from Miami Dade and Monroe Counties will be cared for and treated each year without delays and closer to home. Offering these critical services in times of crisis in South Miami Dade will save lives and futures, keep families together, enable continuity of care, more quickly re-engage children in schools and prevent these children from entering the criminal justice system.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. **Amount of the Nonrecurring Request for Fiscal Year 2021-2022**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	480,000
Total State Funds Requested	480,000

7. **Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	480,000	10%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	3,790,000	84%
Other	252,000	6%
Total Project Costs for Fiscal Year 2021-2022	4,522,000	100%

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**

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?**



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Yes

If yes, indicate the amount of funds received and what the funds were used for.

\$6,298,015 for COVID prevention (e.g., personal protective equipment), testing and treatment have been received from the federal government.

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	New construction of an 11,400 square foot, one-story facility.	480,000
Total State Funds Requested (must equal total from question #6)		480,000

12. Program Performance

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

The purpose will be to develop the only children's crisis stabilization center in south Miami-Dade County able to care for and treat children with severe psychological issues who are at risk of harming themselves or others. With the children's crisis center in place, more than a thousand children ages 4-17 from Miami Dade and Monroe Counties will be cared for and treated each year without delays and closer to home. Offering these critical services in times of crisis in South Miami Dade will save lives and futures, keep families together, enable continuity of care, more quickly re-engage children in schools and prevent these children from entering the criminal justice system.

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

The project's primary activities will be the construction of the only children's crisis stabilization center in south Miami-Dade County able to care for and treat Miami Dade and Monroe County children with severe psychological issues who are at risk of harming themselves or others.

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

Once the children's crisis center is built, children's crisis mental health services will be provided to citizens.

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

The target population will be Miami Dade and Monroe County children suffering from severe psychiatric distress and a risk to harming themselves or others. Over 1,000 children per year will be served by the children's crisis center.

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



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Population served will be children ages 4-17 predominantly from Miami-Dade and Monroe Counties who are in mental health crisis and in need of immediate in-patient services. Outcomes include: Youth suicides prevented, Psychiatric crises stabilized, Harm to others prevented, Children with severe mental illness brought into ongoing mental health treatment and support services. Methodology of outcome measurement will include: In-patient patient admission assessments, Children's Functional Assessments (CFARS, Department of Children and Families), University of South Florida/DCF Baker Act data report.

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 agency's standard contract requirements and penalties are adequate.

13. 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.

The owner of the facility is Community Health of South Florida, Inc., a 501(c)(3) organization.



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number