



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1269

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

4. **Project/Program Description**

The funds will support a total of 13 additional Indigent Baker Act beds which were cut from Hillsborough County in a recent legislative session.

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	1,596,331
Fixed Capital Outlay	0
Total State Funds Requested	1,596,331

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)	1,596,331	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	1,596,331	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	800,000	376	No

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.**
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10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

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



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\$1,046,600 – PPP funds used for payroll;
 \$4,560 – HHS Stimulus used for operating;
 \$43,783 – HHS Stimulus used for operating;
 \$150,000 – Hillsborough used for technology

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	Salary and benefit cost of direct service personnel required to staff the 13 indigent CSU beds. Includes Behavioral Health Tech, Nursing and Psychiatrist services as required by statute.	1,347,782
Expense/Equipment/Travel/Supplies/Other	Supplies, Facility Insurance, Meals, Medications, Pharmacy.	248,549
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,596,331

12. Program Performance

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

Reduce more costly admissions to state hospital. Allow for immediate CSU admission versus the utilization of Emergency Rooms and LIP dollars. Reduces the use of jails as mental health facilities. Coordination of care upon discharge by Gracepoint and Northside supports the statewide system of care by managing re-entry and follow up services designed to reduce recidivism rates.

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

The funds will support a total of 13 additional Indigent Baker Act beds which were cut from Hillsborough County in recent legislative session. The need for these beds is overwhelming. While currently only funded for 37 indigent Baker Act beds, Gracepoint provided a daily average of 35.48 uninsured beds this year. Additionally, Northside provided an average of 3 beds a day which were reimbursed while being unable to accept an average of another 4 indigent bed requests from local hospitals.

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

The funding for the beds will create a capacity for an annual total of 4,475 bed days, serving an estimated 1,581 patients. The DCF has identified the following as a statewide Baker Act need: Statewide, 717 Baker Act beds are needed to meet the standard of 1 bed per 10,000 population. To ensure access to this crisis service and maintain the current proportion of state funded beds, funding for an additional 315 beds is justified. In Hillsborough County with the population exceeding 1.3 million, the standard of 1 bed per 10,000 residents indicates a need for 130 beds. Currently, only 37 indigent CSU beds are funded.

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

Persons with poor mental health. The funding for the beds will create a capacity for an annual total of 4,475 bed days, serving an estimated 1,581 patients.



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

Reduce more costly admissions to state hospitals. Allow for immediate CSU admission versus the utilization of Emergency Rooms and LIP dollars. Reduces the use of jails as mental health facilities. Coordination of care upon discharge by Gracepoint and Northside supports the statewide system of care by managing re-entry and follow up services designed to reduce recidivism rates. Performance measures utilized are readmission rates, average length of stay, number served, number of bed days utilized and cost per bed day.

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?

Penalties would be reduction of funding specific to actual beds utilized.

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.

N/A



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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