

LFIR # 2453

1. Project Title Life Management Center Adult Residential Treatment Facility

2. Senate Sponsor George Gainer

3. Date of Request 01/17/2022

4. Project/Program Description

Life Management Center's Adult Residential Treatment Facility for persons with severe and persistent mental illness was destroyed by Hurricane Michael on October 10, 2018. There are no residential treatment services for this population in Circuit 14. Funds provided by this project allows for facility reconstruction to provide live-in, non-hospital care to divert individuals form state hospitalization, homelessness and from reoccurring psychiatric unit admissions.

5. State Agency to receive requested funds

Department of Children and Families

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,500,000
Total State Funds Requested	1,500,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,500,000	75%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	500,000	25%
Total Project Costs for Fiscal Year 2022-2023	2,000,000	100%

8. Has this project previously received state funding? No

Fiscal Year	Amount		Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	

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?

No

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



\$2.8 million Payroll Protection Program (PPP) loan forgiveness received from the Small Business Association (SBA). No federal assistance has been obtained for this project.

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/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	This is a construction project for a residential facility for adults with severe and persistent mental illness and/or co-occurring substance use issues.	1,500,000
Total State Funds Requested (m	ust equal total from question #6)	1,500,000

12. Program Performance

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

Life Management Center's Adult Residential Treatment Facility for persons with severe and persistent mental illness was destroyed by Hurricane Michael on October 10, 2018. There are no residential treatment services for this population in Circuit 14. Funds provided by this project allows for facility reconstruction to provide live-in, non-hospital care to divert individuals form state hospitalization, homelessness and from reoccurring psychiatric unit admissions.

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

Licensed residential treatment services will be provided for adults. Outpatient psychiatric and rehabilitation services will be coordinated for persons served within the residential treatment facility which is proposed within this project.

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

Adults with severe and persistent mental illness will receive short-term residential care. Existing outpatient and rehabilitative services will be coordinated for persons served in this residential treatment model.

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

The target population to be served by the Life Management Center Adult Residential Treatment Facility is persons with poor mental health, economically disadvantaged persons, homeless, and adults with severe and persistent mental illness. The team is expected to serve between 25-50 individuals/annually.

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

be measured?



LFIR # 2453

The overall benefit or outcome is improved mental health. Specific measurement of the benefit or outcome is to divert adults from potential state hospitalization, decrease inpatient duration of time within crisis stabilization unit services and psychiatric hospitalization, decrease the risk of persons being homeless within the community, and coordinate existing outpatient and rehabilitation services with residential care. The method of measuring level of benefit or outcome is to maintain data on number of persons served, days within the community on each person served, and annual days for crisis stabilization inpatient services and psychiatric hospitalizations.

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?

Reduce funding if required

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.

same entity



LFIR # 2453

14. Requestor Contact Information

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c. E-mail Address	nailes@Imccares.org		
d. Phone Number	(850)522-4485 Ext.		
15. Recipient Contact	Information		
a. Organization	Life Management Center of Northwest Florida		
b. Municipality and	d County Bay		
c. Organization Type			
Ger Profit Entity			
☑Non Profit 501(c)(3)			
□Non Profit 501(c)(4)			
□Local Entity			
□University or College			
□Other (please specify)			
d. First Name	Edwin R. "Ned" Last Name Ailes		
e. E-mail Address	nailes@Imccares.org		
f. Phone Number	(850)522-4485		
16. Lobbyist Contact Information			
a. Name	None		
b. Firm Name	None		
c. E-mail Address			
d. Phone Number			