

Operations

Fixed Capital Outlay

Total State Funds Requested

The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

LFIR # 2546

1,500,000

1,500,000

| Type of Funding | | Amount | |
|---|---|--|--|
| 6. Amount of the No | nrecurring Request for Fiscal | Year 2022-2023 | _ |
| State Agency con | tacted? Yes | | |
| 5. State Agency to re | eceive requested funds | Department of Children and Families | |
| facility to provide in Currently there are | patient psychiatric services and no means for citizens to get the | ral Receiving System which will provide a 20-ber a centrally located behavioral health Access/Er ese essential public safety and quality healthcare ces increases, it is critical for the county to provi | nergency Services unit e services within the |
| 4. Project/Program [| Description | | |
| 3. Date of Request | 01/24/2022 | | |
| 2. Senate Sponsor | Dennis Baxley | | |
| 1. Project Title | Life Stream Central Receiving | ng System - Citrus County | |

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 | 500,000 | 25% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2022-2023 | 2.000.000 | 100% |

8. Has this project previously received state funding?

Yes

| Fiscal Year | Amo | ount | Specific | Vetoed |
|-------------|-----------|--------------|-----------------|--------|
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | |
| 2021-22 | 0 | 1,500,000 | 367 | No |

| | 9. | Is | future | funding | likelv | to be | requested? |
|--|----|----|--------|---------|--------|-------|------------|
|--|----|----|--------|---------|--------|-------|------------|

Yes

a. If yes, indicate nonrecurring amount per year.

1,500,000

b. Describe the source of funding that can be used in lieu of state funding.

The payment for provisions of Baker Act inpatient services is a State responsibility required by F.S. 394. There is no other source of funding that can be used in lieu of State funding.

| IO. Has the entity requesting th | his project received any | y federal assistance related to the (| COVID-19 pandemic |
|----------------------------------|--------------------------|--|-------------------|
|----------------------------------|--------------------------|--|-------------------|

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

\$1,008,768. in FY 2021-2022 - expenses related to prevent, prepare and respond to the Pandemic including the creation of a COVID-19 Isolation unit, equipment, supplies, additional personnel costs, and lost revenues for our licensed free-standing psychiatric hospital unit.

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

| Spending Category | Description | Amount | | | |
|---|--|-----------|--|--|--|
| Administrative Costs: | | | | | |
| Executive Director/Project Head Salary and Benefits | Pro-rated salaries and benefits including health insurance, payroll taxes, pension, w/compensation insurance and re-employment insurance. | 4,750 | | | |
| Other Salary and Benefits | Pro-rated Admin salaries and benefits including health insurance, payroll taxes, pension, w/compensation insurance, and reemployment insurance. | 83,650 | | | |
| Expense/Equipment/Travel/Supplies/ Other | Pro-rated Admin Bldg. Occup., Admin Insurance, Admin Licenses & Taxes, and other Admin Operating supplies | 41,690 | | | |
| Consultants/Contracted Services/Study | Pro-rated Audit, Legal, and other Professional services and fees. | 5,910 | | | |
| Operational Costs: Other | | | | | |
| Salary and Benefits | Pro-rated Direct Program salaries plus fringe benefits including health insurance, payroll taxes, pension, w/compensation insurance and reemployment insurance. | 1,003,512 | | | |
| Expense/Equipment/Travel/Supplies/ Other | Pro-rated Direct Program Building occupancy, food services, medical and pharmacy related expenses, insurance, linens, consumables, and other operating supplies. | 324,898 | | | |
| Consultants/Contracted Services/Study | Pro-rated direct program interpreting services and electronic health record & other information technology support services. | 35,590 | | | |
| Fixed Capital Construction/Major Renovation: | | | | | |
| Construction/Renovation/Land/ Planning Engineering | | 0 | | | |
| Total State Funds Requested (must equal total from question #6) | | | | | |

12. Program Performance

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

The goal is to provide efficient and effective behavioral health services in Citrus County. The Access Center and emergency services unit will serve as a centralized system for referring agencies and consumers in crisis to easily access services provided by LifeStream within the county. This will avoid more costly treatment options or over utilization of the emergency rooms and jails to treat mental health and substance abuse issues. 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. In addition, LifeStream will provide Baker Act receiving services, crisis stabilization unit services (inpatient psychiatric stabilization), residential services and an assessment facility to assess individuals to determine the most appropriate level of care.

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

The funding will be utilized for a Citrus County Central Receiving System, which will provide a 20-bed Baker Act Receiving Facility to provide inpatient psychiatric stabilization services and a centrally located behavioral health Access/Emergency Services unit. Due to an increase in individuals requiring psychiatric stabilization services in Citrus County and no means to provide the appropriate services within the county, the ability to provide this essential public safety service is critical. 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 many metropolitan areas. Critical services are not provided within the county. As the number of individuals needing services has dramatically increased, the need for the aforementioned services in Citrus County is essential to avoid further crisis within the county.



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

The following services will be provided: centralized assessment and evaluation, inpatient and residential services, and psychiatric evaluation, medical history and physical to identify any medical issues that may be contributing towards 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 other needed services.

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 or issue 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 cost effective and service effective system. 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, readily available individuals utilize costly and ineffective services such as 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 timely 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 the contract?

If there is an area in which LifeStream is deficient, it is suggested that a corrective action plan be implemented and monitored to ensure that the deficient area(s) is/are corrected in a timely fashion. If LifeStream is not meeting the deliverables or the expected performance outlined in the contract, the State has the option to cancel the contract for these services.

| relationship between the owners of the facility and the entity. |
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| |

13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the

| N/A | | | |
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| | | | |



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| 14. | Requestor Contact | or Contact Information | | | | | | |
|-----|----------------------------------|------------------------------------|------------------------------------|-----------|--------|--|--|--|
| | a. First Name | Jon | | | | | | |
| | b. Organization | LifeStrea | LifeStream Behavioral Center, Inc. | | | | | |
| | c. E-mail Address | JCHERR' | CHERRY@LSBC.NET | | | | | |
| | d. Phone Number | ber (352)315-7506 Ext. | | | | | | |
| 15. | 5. Recipient Contact Information | | | | | | | |
| | a. Organization | LifeStream Behavioral Center, Inc. | | | | | | |
| | b. Municipality and | I County | Citrus | | | | | |
| | c. Organization Ty | ре | | | | | | |
| | □For Profit Entity | □For Profit Entity | | | | | | |
| | ☑Non Profit 501(c | (3) | | | | | | |
| | □Non Profit 501(c | 2)(4) | | | | | | |
| | □Local Entity | | | | | | | |
| | □University or Co | llege | lege | | | | | |
| | □Other (please sp | pecify) | | | | | | |
| | d. First Name | Jon | | Last Name | Cherry | | | |
| | e. E-mail Address | JCHERR' | Y@LSBC.NET | | | | | |
| | f. Phone Number (352)315-7506 | | | | | | | |
| 16. | 6. Lobbyist Contact Information | | | | | | | |
| | a. Name | Wallace Gene McGee | | | | | | |
| | b. Firm Name | GMA Inc | | | | | | |
| | c. E-mail Address | gene@gr | nalobby.com | | | | | |
| | d. Phone Number | (850)222-0500 | | | | | | |