

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 1320

1. Project Title	Circles of Care - State Hospital Diversion
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2. Senate Sponsor Jim Boyd

3. Date of Request 11/17/2023

4. Project/Program Description

The project provides for constructing a 15-bed DCF Residential Level 2 mental health and substance treatment facility (RTF) in Brevard County. A psychiatric RTF provides intensive, therapeutic services to individuals with severe and persistent mental illnesses or those with complex, co-occurring disorders in a non-hospital setting. These programs are designed for individuals requiring a higher level of care than outpatient or day programs can provide but who might not need the acute care environment of a psychiatric hospital. A psychiatric RTF delivers an intensive, structured, and supportive environment where residents can stabilize, develop skills, and work intensively on their mental health challenges to return to a less restrictive setting or the community. Residential Level 2 facilities provide a step-down from State Hospital facilities and local crisis stabilization units. Additionally, they divert patients from longer-term Civil and Forensics State Hospital facilities.

5. State Agency to receive requested funds

Department of Children and Families

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	2,060,000
Total State Funds Requested	2,060,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,060,000	95%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	50,000	2%
Other	60,000	3%
Total Project Costs for Fiscal Year 2024-2025	2,170,000	100%

8. Has this project previously received state funding? No

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

9. Is future funding likely to be requested?

No

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?

Yes

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

\$4.5 million in PPP CARES act funding for payroll in 2020.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

💽 Planning	🔘 Design	Construction	🔘 N/A
b. Is the project	"shovel ready" ((i.e permitted)?	

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

No

10/1/2024

5/31/2025

Circles of Care, Inc., a 501(c)(3) will own the property, the improvements, and the facility.

13. 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	Scope of work to include 0.70 acres of land @ \$420,000, planning, engineering and construction of a 10,000 sf, 15-bed DCF residential level 2 facility at approximately \$175 sq ft.	2,060,000
Total State Funds Requested (m	ust equal total from question #6)	2,060,000

14. Program Performance

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



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Construct a 15-bed DCF Residential Level 2 mental health and substance treatment facility in Brevard County. Residential Level 2 facilities serve as a step-down from both State Hospital facilities and local Crisis Stabilization Units (CSU). Additionally, they operate as diversion programs from the longer-term Civil and Forensics State Hospital facilities. Brevard County is limited in receiving additional State Hospital discharges strictly by capacity. This additional expansion will expedite placement of severe and persistently mentally ill patients in the civil and forensic hospitals back into community care.

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

Residents receive 24-hour supervision in an unlocked facility. A variety of programs are employed to maintain psychiatric stability, reducing the need for more acute, "deeper-end" services or hospitalizations. These include Case Management, Day/Night, Therapy, Medical, Psychiatric Rehabilitation, Substance Use Disorder treatment, and Vocational programs.

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

Individualized, direct DCF-approved services typically include assessment, individual and group therapy, psychiatric medication management, psychosocial rehabilitation, and supported employment, as well as MAT for opioid use disorder and forensic multidisciplinary team services for those deemed incompetent to proceed. Additionally, primary care medical services and lab draws are provided on-site for a holistic treatment approach. All residents are assigned a case manager to coordinate and facilitate services. Their primary goal is to ensure that clients receive comprehensive and appropriate care tailored to their specific needs.

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

Individuals with more severe, persistent, and disabling mental health illnesses, including schizophrenia, schizoaffective disorder, major depression, and bipolar disorder, are the primary population. These individuals frequently have multiple psychiatric crisis stabilization hospitalizations and commitments to more extended inpatient treatment or State Hospitals. Often accompanied by co-occurring substance use disorders and incarcerations, the average length of stay is six months. The annual number of individuals served is expected to be 35.

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

be measured?

Expected benefits include (1) reduction in psychiatric hospitalizations and incarcerations; (2) reduce the need for more costly State Hospital bed days; (3) reduction in other deeper-end service costs by alleviating overcrowding of state hospitals; (4) provide patient-focused treatment resulting in psychiatric stability and greater self-sufficiency to remain within the local community; (5) reduce the overall economic burden on social services for high-need, high-utilization psychiatric care. Behavioral health outcomes evaluate (a) the cost of treatment throughout the system of care; (b) the improvement of patient functioning; (c) symptom reduction; (d) compliance with treatment; (e) maintenance in community-based treatment. Effective outcomes evaluations reduce cost of overall treatment while continuing to provide quality care in the least restrictive setting.

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?

Percentage deduction depending on utilization earnings.

15. Requester Contact Information

a. First Name	Stephen	Last Name	Lord		
b. Organization	Circles of Care, Inc.				
c. E-mail Address	slord@circlesofcare.org				
d. Phone Number	(321)984-4900	Ext.			
16. Recipient Contact Information					
a. Organization	Circles of Care, Inc.				
b. Municipality and County Brevard					



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c. Organization Type

d. Phone Number (321)223-8862

□For Profit Entity				
⊠Non Profit 501(c	:)(3)			
□Non Profit 501(c	:)(4)			
□Local Entity				
□University or Co	llege			
□Other (please sp	pecify)			
d. First Name	Stephen	Last Name	Lord	
e. E-mail Address	slord@circlesofcare.org			
f. Phone Number	(321)984-4900			
Lobbyist Contact I	nformation			
a. Name	Steve Crisafulli			
b. Firm Name	Crisafulli Consulting, LLC			