



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2353

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Crisis Intervention Center project will fund the construction of a crisis stabilization unit at the new Lee Heath Fort Myers Hospital campus located on Challenger Boulevard. The CSU will offer crisis intervention, assessment, therapy, medication management and support in a safe environment with a focus on stabilizing individuals and planning for ongoing intensive outpatient psychiatric care. Lee Health is fully committed to increasing crisis stabilization unit beds in our community. This new access will help lower unnecessary emergency department utilization and can be supported by any community partner willing and able to implement this plan.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	10,000,000
<b>Total State Funds Requested</b>	<b>10,000,000</b>

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)	10,000,000	80%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	2,500,000	20%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>12,500,000</b>	<b>100%</b>

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.

Lee Health intends to seek additional funding through the philanthropic donor community and will match state funding. Lee Health operational dollars will also be utilized to staff, equip, and maintain the Crisis Intervention Center.

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2353

Yes

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

\$84M used to cover additional labor, loss in revenues. \$7.5M used for supplies and equipment rentals.

## 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)?

No

c. What is the estimated start date of construction?

2025

d. What is the estimated completion date of construction?

2028

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.

Lee Memorial Health System dba Lee Health.

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Funding will support development of the Lee Health Crisis Intervention Center located in Southwest Florida. State funds could be used for planning, design, construction and other eligible purposes.	10,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>10,000,000</b>

### 14. Program Performance

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

The funds will be used to design, construct and equip a crisis intervention center in Southwest Florida to receive and stabilize Baker Act and substance abuse disorder patients.



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2353

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

Funds will be used to construct a CSU which will offer crisis intervention, assessment, therapy, medication management, and support in a safe environment, with a focus on stabilizing individuals and planning for ongoing care.

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

The CSU will offer immediate crisis intervention, assessments, therapy, medication management, safety, and discharge planning to support individuals in mental health crises.

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

Elderly persons, persons with poor mental health, economically disadvantaged persons, homeless, developmentally disabled, drug users in health services, drug offenders and others in need. 400-800 individuals per year are expected to be served.

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

The expected benefits or outcomes of a Crisis Stabilization Unit can include immediate and intensive support to individuals in crisis, reduced emergency department utilization, decrease in costs to patients, and improved outcomes. Clinical assessments, patient surveys, utilization data and cost-benefit analysis are methodology by which this outcome can be measured.

**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?**

Return of percentage of state dollars to administering state agency until deliverables or performance measures are met.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. 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)



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2353

d. First Name  Last Name

e. E-mail Address

f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number