



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1378

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Indigent Baker Act Inpatient services funding for Lake and Sumter County Baker Act Receiving Facility unfunded beds. The allocation will support the operation of 7 indigent adult Baker Act beds for Lake and Sumter counties.

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	1,100,000
Fixed Capital Outlay	0
Total State Funds Requested	1,100,000

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)	1,100,000	75%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	366,670	25%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	1,466,670	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	1,100,000	1125	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.

The payment for provision of Baker Act services is a state responsibility required by Chapter 394, F. S. There is no other 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?

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



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\$1,008,768 in FY 2021-22 - Expenses related to prepare and respond to the pandemic including the creation of a COVID19 isolation unit, equipment, supplies, additional personnel costs and lost revenues for our licensed free-standing psychiatric hospital unit.

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.

13. 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, workers comp insurance and re-employment insurance.	3,562
Other Salary and Benefits	Pro-rated administrative salaries and benefits including h health insurance, payroll taxes, pension, workers comp insurance, and re-employment insurance.	62,836
Expense/Equipment/Travel/Supplies/Other	Pro-rated administrative building occupancy, administrative insurance, administrative licenses and taxes and other administrative operating supplies.	31,310
Consultants/Contracted Services/Study	Pro-rated audit, legal and other professional services.	4,442
Operational Costs: Other		
Salary and Benefits	Pro-rated direct program salaries plus fringe benefits including health insurance, payroll taxes, pension, worker comp insurance and re-employment insurance.	776,224
Expense/Equipment/Travel/Supplies/Other	Pro-rated direct program building occupancy, food services, medical and pharmacy supplies, insurance, linens, consumables and other operating supplies.	206,922
Consultants/Contracted Services/Study	Pro-rated direct program interpreting services and electronic health record and other information technology support services.	14,704
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,100,000

14. Program Performance



The Florida Senate

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

The allocation will support the operation of 7 indigent adult Baker Act beds for Lake and Sumter Counties. Lifestream's adult Baker Act system consists of 71 psychiatric beds which a minimum of 26 are available for indigent patients. The state funds 10 of the 26 beds available for indigent Baker Act patients. The purpose of this funding will assure indigent care is available to individuals who are placed under the Baker Act by funding an additional 7 beds needed to meet the demand.

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

The funding will assure that indigent care is available to individuals who are placed under the Baker Act. Lifestream provides this care to individuals placed under the Baker Act by licensed professionals, the judicial system and/or law enforcement. The number of individuals receiving inpatient psychiatric care has increased over the years as the population of Lake and Sumter Counties has grown from 240,000 in the year 2000 to today's census of over 500,000 people. During those 23 years there have been no appropriation increases for population growth or cost of living. The only increase has been the non-recurring special member appropriation in the last 9 legislative sessions which paid for the 7 unfunded beds.

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

The following services are provided: short term inpatient treatment to individuals with serious, acute psychiatric illness who are experiencing a psychiatric crisis; psychiatric evaluation, medical history, and physical to identify any medical issues that may be contributing to the psychiatric crisis; medication management; psychosocial, educational and occupational therapy groups; medication education groups; brief and intensive stabilization services; nursing assessments; family, group and individual therapy; discharge and planning referrals; appointments for follow up services for up to 60 days post discharge. After discharge they receive outpatient medications, primary care, therapy and other services as appropriate.

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

Persons with severe mental illness will benefit from treatment in these Baker Act Receiving Facility beds. Crisis stabilization services in a state designated public Baker Act Receiving Facility are utilized for any person who is determined to be a danger to themselves or others in accordance with Chapter 394, Florida Statutes. Approximately 730 individuals will be served by these beds.

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 indigent care is available to individuals who are placed under the Baker Act. Lifestream provides this care to individuals placed under the Baker Act by licensed professionals, the judicial system or law enforcement. The loss of these services will result in costly services provided in emergency rooms or jail. The general public will benefit due to increased public safety. Outcomes will be tracked, analyzed and reported. This includes output data, number of admissions, number of consumers served, utilization rate, days of service provided, recidivism, cost per episode care, successful completion, diversion from the state hospital 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) are corrected in a timely fashion. If Lifestream is not meeting the deliverables or performance outlined in the contract, then the state has the option to cancel the contract.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

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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)

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