Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

- 1. Title of Project: Martin County Sheriff's Office Crisis Response Unit
- 2. Date of Submission: <u>02/01/2017</u>
- 3. House Member Sponsor: <u>Gayle Harrell</u> Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? <u>No</u> If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2017-18 (Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)		
Column:	А	В	С	D	E	F
Funds	Prior Year		Total Funds	Recurring Base	Additional	TOTAL Nonrecurring Request
Description:	Recurring	Prior Year	Appropriated	Budget	Nonrecurring	(Will equal the amount from the Recurring base in
	Funds	Nonrecurring		(Will equal non-	Request	Column D to be CONVERTED to Nonrecurring plus
		Funds	(Recurring plus	vetoed amounts		the Additional Nonrecurring Request in Column E.
			Nonrecurring:	provided in Column		These funds will be appropriated non-recurring if
			column A + column	A)		funded in the House Budget or the Final Conference
			B)			Report on the budget.)
Input					372,509	372,509
Amounts:						

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2017-18? No5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Law Enforcement

- 6. Requester:
 - a. Name: William Snyder
 - b. Organization: Martin County Sheriff's Office
 - c. Email: wmsnyder@sheriff.martin.fl.us
 - d. Phone #: (772)220-7024

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: <u>Kevin Youngblood</u>
- b. Organization: Martin County Sheriff's Office
- c. Email: kryoungblood@sheriff.martin.fl.us
- d. Phone #: (772)220-7139
- 8. If there is a registered lobbyist, fill out the lobbyist information below.
 - a. Name: Robert Schenck
 - b. Firm: The Legis Group, LLC
 - c. Email: rob@legisgroupfl.com
 - d. Phone #: <u>(352)585-7338</u>

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: Martin County Sheriff's Office
- b. County (County where funds are to be expended): Martin
- c. Service Area (Counties being served by the service(s) provided with funding): Martin

10. What type of organization is the entity that will receive the funds? (Select one)

O For Profit

O Non Profit 501(c) (3)

O Non Profit 501(c) (4)

• Local Government

O University or College O Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

The MCSO Crisis Response Unit would be focused on addressing mental health and substance abuse related calls for service in the most effective manner possible, while providing an opportunity for early intervention, jail diversion and follow-up. CRU specialists comprised of Licensed Clinical Professionals will assist officers in assessing situations involving mental illness and substance abuse, which would lead to a much more effective utilization of community resources and continuity of care.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
□a. Executive Director/Project Head Salary and Benefits		
□b. Other Salary and Benefits		
□c. Expense/Equipment/Travel/Supplies/Other		
□d. Consultants/Contracted Services/Study		
Operational Costs:		
☑e. Salaries and Benefits	1 Supervisor, 4 Specialists.	302,918
In the second s	Operating expenses & equipment.	69,591
□g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
□h. Construction/Renovation/Land/Planning Engineering		
TOTAL		372,509

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

<u>N/A</u>

- 14. Is the project request an information technology project? No
- 15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

<u>No</u>

- 16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served? <u>No</u>
- 17. Will the requested funds be used directly for services to citizens? Yes
 - 17a. Describe the target population to be served. Select all that apply to the target population:
 - **Elderly** persons
 - ☑Persons with poor mental health
 - □Persons with poor physical health
 - □Jobless persons
 - Economically disadvantaged persons
 - □At-risk youth
 - □Homeless
 - Developmentally disabled
 - □Physically disabled
 - ☑Drug users (in health services)
 - □Preschool students
 - □Grade school students
 - □High school students
 - □University/college students
 - Currently or formerly incarcerated persons
 - ☑Drug offenders (in criminal Justice)
 - □Victims of crime

□Other (Please describe)

17b. How many in the target population are expected to be served?

O< 25 O25-50 O51-100 O101-200 O201-400 O401-800 ⊙>800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select all that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
□Improve physical health		
☑Improve mental health	Reduce mental health and or substance abuse related calls for service and emergency admissions to crisis stabilization units, hospital or jail facilities.	Review of calls for services and emergency related admissions or incarcerations.
□Enrich cultural experience		
Improve agricultural production/promotion/education		
□Improve quality of education		
□Enhance/preserve/improve environmental or fish and wildlife quality		
☑Protect the general public from harm (environmental, criminal, etc.)	To stabilize and divert individuals with mental health and substance abuse issues.	Thru follow up we can monitor the individuals progress and stabilization.
Improve transportation conditions		

□Increase or improve economic activity		
□Increase tourism		
Create specific immediate job opportunities		
□Enhance specific individual?s economic self sufficiency		
ØReduce recidivism	To stabilize and divert individuals with mental health and substance abuse issues.	Review of calls for service and follow up and development of treatment plans.
☑Reduce substance abuse	To stabilize and divert individuals with mental health and substance abuse issues.	Review of calls for service and follow up and development of treatment plans.
☑Divert from Criminal/Juvenile justice system	To stabilize and divert individuals with mental health and substance abuse issues.	Review of calls for service and follow up and development of treatment plans.
Improve wastewater management		
□Improve stormwater management		
□Improve groundwater quality		
□Improve drinking water quality		
□Improve surface water quality		
□Other (Please describe):		

19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations	372,509	100.0%	N/A

Project Request:			
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	372,509	100%	

20. Is this a multi-year project requiring funding from the state for more than one year? <u>Yes</u>

20a. How much state funding would be requested after 2017-18 over the next 5 years?

⊙<1M

O1-3M

O>3-10M

O>10M

20b. How many additional years of state support do you expect to need for this project?

O1 year

O2 years

O3 years

O4 years

O>= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

Oongoing activity ? no total cost

O<1M ⊙1-2M

O>2-3M

O>2-3101 O>3-10M

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O>10M