

# Appropriations Project Request - Fiscal Year 2017-18

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Jerome Golden Center for Behavioral Health Level II Residential Co-occurring Disorder Program

2. Date of Submission: 01/31/2017

3. House Member Sponsor: Joseph Abruzzo

Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

a. Has funding been provided in a previous state budget for this activity? Yes

***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? 2016-17

c. Were the funds provided in the most recent fiscal year subsequently vetoed? No

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:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring Request</b> (Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)
Input Amounts:		575,000	575,000		575,000	575,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? No

5a. 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 Children and Families

6. Requester:

- a. Name: Linda De Piano
- b. Organization: Jerome Golden Center for Behavioral Health, Inc.
- c. Email: ldepiano@goldenctr.org
- d. Phone #: (561)383-5711

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

- a. Name: America Cordoves
- b. Organization: Jerome Golden Center for Behavioral Health, Inc.
- c. Email: acordoves@goldenctr.org
- d. Phone #: (561)383-5736

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

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

- a. Name: Jerome Golden Center for Behavioral Health
- b. County (County where funds are to be expended): Palm Beach
- c. Service Area (Counties being served by the service(s) provided with funding): Indian River, Martin, Okeechobee, Palm Beach, Saint Lucie

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

- ☐ For Profit
- ☒ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Government

- ☐ University or College
- ☐ Other (Please describe)

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

This is a 30 to 90 day evidence-based residential II program for individuals who have concurrent psychiatric and addiction diagnoses where both disorders are primary and treated by one team simultaneously. Therapeutic/educational groups, individual therapy, medication management, trauma therapy are all designed to enhance residents' communication and coping skills, develop a relapse prevention plan, and strengthen the daily living skills necessary for their successful functioning in society.

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:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Administrative costs, Human Resources, Finance	37,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Maintenance, IT Services	8,880
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	1 Manager, 1 Therapist, 12 Mental Health Technicians	405,641
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Food, Treatment Supplies, Medication	123,479
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		575,000

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)

N/A

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?

Yes

15a. Please Describe:

Letter of Support from: 1. Palm Beach County Fifteenth Judicial Circuit Court 2. The National Alliance of Mental Illness (NAMI) 3. Southeast Florida Behavioral Health Network 4. Human Services Coalition of Palm Beach County 5. Palm Beach County Sheriffs Department

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

1. Mental Health Association ?OK To talk? process identified this as a need in 2015 2. The Grand Jury of Palm Beach County relating to the Sober Home/Opioid Crisis identified the need for more licensed treatment programs

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?

- ☐ < 25
- ☐ 25-50
- ☒ 51-100
- ☐ 101-200
- ☐ 201-400
- ☐ 401-800
- ☐ >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
<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Percentage of adults who are not hospitalized in a psychiatric unit within 180 days from a successful discharge.	Data is gathered through follow-up calls designed to provide after-care follow up and support.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		

<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Percentage change in clients who are employed from admission to discharge will be at least 30%. All individuals who do not have benefits will be offered the opportunity to apply with SOAR if applicable.	Data is gathered at discharge including: employment, benefits applied for and approval rates.
<input checked="" type="checkbox"/> Reduce recidivism	Percentage of clients who are re-arrested for drug related offenses after six months of discharge from program will be no more than 10%racters}	Review recidivism rates through follow up interview for after-care follow up and support.
<input checked="" type="checkbox"/> Reduce substance abuse	Percentage of clients who relapse with substance use after 180 days of discharge from program will be no more than 50 percent	Review relapse rates through after-care follow ups conducted quarterly.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Percentage of clients who are not arrested, convicted, and/or incarcerated within 180 days from a successful discharge is no more than	Review incarceration rates through follow-up interview for after care on a quarterly basis. Review online

	10%. }	booking blotter.
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input checked="" type="checkbox"/> Other (Please describe): Reduce homelessness	All individuals will be discharged to stable housing or residential programs.	Data will be collected at time of discharge

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 Project Request:	575,000	74.2%	N/A
2. Federal:	100,000	12.9%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	75,000	9.7%	Yes
5. Other:	25,000	3.2%	Yes
<b>TOTAL</b>	<b>775,000</b>	<b>100%</b>	

20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

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

- ☐ <1M
- ☒ 1-3M
- ☐ >3-10M
- ☐ >10M

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

- ☐ 1 year
- ☐ 2 years
- ☐ 3 years
- ☐ 4 years
- ☒ ≥ 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?.

- ☒ ongoing activity ? no total cost
- ☐ <1M
- ☐ 1-2M
- ☐ >2-3M
- ☐ >3-10M
- ☐ >10M