

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Starting Point Behavioral Healthcare ? Integrated Care Team

2. Date of Submission: 02/02/2017

3. House Member Sponsor: Cord Byrd

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? Yes

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)	Additional Nonrecurring Request	TOTAL Nonrecurring Request (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:		250,000			450,000	450,000

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: Laureen Pagel
- b. Organization: Starting Point Behavioral Health Care
- c. Email: lpagel@spbh.org
- d. Phone #: (904)225-8280

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

- a. Name: Laureen Pagel
- b. Organization: Starting Point Behavioral Health Care
- c. Email: lpagel@spbh.org
- d. Phone #: (904)225-8280

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: Starting Point Behavioral Health Care
- b. County (County where funds are to be expended): Baker, Clay, Nassau
- c. Service Area (Counties being served by the service(s) provided with funding): Baker, Clay, Nassau

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?

The project proposes to implement care coordination activities through the development of integrated care teams comprised of a Psychiatrist, LCSW and a community based case manager. The case manager will be co-located at the local hospital, jails, CSU's, and Detox Centers to identify patients with mental health and substance use disorders, specifically targeting high risk/high need individuals and those admitted under a Baker Act or Marchman Act.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	(.08 FTE) CEO will be responsible for overall oversight of this project	9,600
<input checked="" type="checkbox"/> b. Other Salary and Benefits	(.50) Chief Financial Officer, HR Specialist, IT Specialist, Billing specialist to provide support to operations of program	29,420
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	(1 FTE) Project Manager to provide daily oversight of project. (2 FTE) Licensed Practitioner of the Healing Arts to provide behavioral health services to clients. (3 FTE) Community Case Managers: One case manager for each county to	282,240

	coordinate follow up care and focus on patient/family engagement, medication management, comprehensive transition planning, care transition support and transition communication.	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Local travel for staff to see clients in the community and to transport clients to appointments as necessary. Other expenses related to this program included office supplies, internet access, cellphones, laptops and desktops as this is a new project. Other expenses include housing, utilities, transportation and general client expenses to help clients achieve self sufficiency in the community.	50,740
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	This project will include psychiatric services to help clients achieve stabilization in the community possibly using psychotropic medications.	78,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		450,000

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:

The DCF SAMH office has identified Care Coordination as a priority initiative for the public behavioral healthcare system and is identified in SB 12 as a priority. JCCI mental health community meetings every week for 2 years during 2013-2014. Attended by Hospitals, CMHC's, United Way, NAMI, Peers, local government, advocates, Managing Entity, and consumers. JCCI Study: Unlocking the Pieces: Community Mental Health in Northeast Florida, Fall 2014, Recommendation #2 is Care Coordination.

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:

(Milliman, April 2014, Economic Impact Study) Medical costs for treating those patients with chronic conditions can be 2 to 3 times as costly as those without chronic conditions. Readmission rates also higher

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 checked="" type="checkbox"/> Improve physical health	95% will be connected will be connected to a primary care provider	Follow up on referral to primary care physician.
<input checked="" type="checkbox"/> Improve mental health	Improve time of linkage to mental health appointment to within seven days	Tracking post discharge appointments.
<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	95% will be linked to vocational services or a SOAR processor	Successful soar applications and or job placement
<input checked="" type="checkbox"/> Reduce recidivism	Reduce re-admission rates to acute care settings by 20%	Monitoring re-admission rates
<input checked="" type="checkbox"/> Reduce substance abuse	90% will be 30 days substance free prior to discharge	Random urinalysis testing
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<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 type="checkbox"/> 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 Project Request:	450,000	100.0%	N/A
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	450,000	100%	

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

No