

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Coastal Behavioral Healthcare - Veteran's Court

2. Date of Submission: 10/17/2017

3. House Member Sponsor: Joe Gruters

Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

a. Has funding been provided in a previous state budget for this activity? No

***If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E***

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:

| FY:                   | Input Prior Year Appropriation for this project<br>for FY 2017-18<br>(If appropriated in 2017-18 enter the<br>appropriated amount, even if vetoed.) |                                     |  | Develop New Funds Request<br>for FY 2018-19<br>(Requests for additional RECURRING funds are prohibited.) |                                 |  |
|-----------------------|---|-------------------------------------|--|--|---------------------------------|--|
| Column:               | A   | B                                   | C  | D  | E                               | F  |
| Funds<br>Description: | Prior Year<br>Recurring<br>Funds  | Prior Year<br>Nonrecurring<br>Funds | Total Funds<br>Appropriated<br><br>(Recurring plus<br>Nonrecurring:<br>column A + column<br>B) | Recurring Base<br>Budget<br><br>(Will equal non-<br>vetoed amounts<br>provided in Column<br>A)           | Additional Nonrecurring Request | TOTAL Nonrecurring plus<br>Recurring Base Funds<br><br>(Will equal the amount<br>from the Recurring base in<br>Column D plus the<br>Additional Nonrecurring<br>Request in Column E.) |
| Input<br>Amounts:     |   |                                     |  |  | 320,000                         | 320,000  |

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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? State Court System

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

This project would have to comply with all State Court System rules and performance measures for organizations that receive funding. Penalties for non-compliance could range from Corrective Action plans to contract termination.

6. Requester:

- a. Name: Jack Minge
- b. Organization: Coastal Behavioral Healthcare, Inc.
- c. Email: jminge@coastalbh.org
- d. Phone #: (941)927-8900

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Joanne Radcliffe
- b. Organization: Coast Behavioral Healthcare, Inc.
- c. Email: jradcliffe@coastalbh.org
- d. Phone #: (941)927-8900

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Carole Green
- b. Firm: Capital Strategies Consulting
- c. Email: carole@capitolstrategiesinc.com
- d. Phone #: (850)590-2206

9. Organization or Name of entity receiving funds:

- a. Name: Coastal Behavioral Healthcare, Inc.
- b. County (County where funds are to be expended): Lee
- c. Service Area (Counties being served by the service(s) provided with funding): Lee

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 Veteran's Court presides exclusively over cases involving arrested persons who suffer from a military related mental illness, substance abuse disorder or psychological problems. The court was developed to help veterans improve their quality of life and continue to be productive and responsible members of the community. The principal goals of the program are to reduce criminal recidivism, facilitate participate mental wellness and sobriety , receive improved access to VA benefits and services

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

| Spending Category   | Description   | Nonrecurring<br>(Should equal 4d, Col. E) Enter ?0? if<br>request is zero for the category |
|---|---|--|
| Administrative Costs:   |   |  |
| <input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits |   |  |
| <input type="checkbox"/> b. Other Salary and Benefits                           |   |  |
| <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 Program Coordinator, 2 Case Managers, 2 Drug Screeners and 1 Admin Assistant  | 183,000  |
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | Occupancy, Drug Screening and Lab Testing fees; temporary assistance with expenses related to increase or maintain a participant's independence and integration into their community; office supplies, general & professional insurance, telephone, | 137,000  |

|   |                              |         |
|---|------------------------------|---------|
|   | travel and vehicles expenses |         |
| <input type="checkbox"/> g. Consultants/Contracted Services/Study             |                              |         |
| Fixed Capital Construction/Major Renovation:                                  |                              |         |
| <input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering |                              |         |
| TOTAL   |                              | 320,000 |

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

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:

We will provide letters of support for the request

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

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Coastal Behavioral Healthcare staff provide numerous professional services to the Lee County Veteran?s Court including Care Coordination, outreach, linkage to other providers, liaison services with judge, public defender and state?s attorney offices. The purpose is to help people reduce their involvement in the criminal justice system, recover from substance use and mental health disorders and achieve successful integration into community.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Direct services include care coordination, linkage to other providers, assistance in finding housing, and counseling.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

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
- ☐ General (The majority of the funds will benefit no specific group)
- ☒ Other (Please describe): Veterans

17d. 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 each Benefit/Outcome that applies)

| Benefit or Outcome | Provide a specific measure of the benefit | Describe the method for measuring level |
|--------------------|---|---|
|--------------------|---|---|

|   | or outcome  | of benefit                                       |
|---|---|--|
| <input type="checkbox"/> Improve physical health  |   |  |
| <input checked="" type="checkbox"/> Improve mental health                                     | Individuals report decrease in depression and improvement increased interest in daily living activities | Clinical assessment                              |
| <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 type="checkbox"/> Enhance specific individual's economic self sufficiency              |   |  |
| <input checked="" type="checkbox"/> Reduce recidivism   | No additional legal charges while completing intervention plan  | Regular communication with the court system      |
| <input checked="" type="checkbox"/> Reduce substance abuse                                    | Individuals will remain substance free  | Regular but random drug testing                  |
| <input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system              | Individuals will complete their individualized intervention plan  | Progress reports made regularly by case managers |

|   |  |  |
|---|--|--|
| <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 2018-19 from all sources of funding (Enter ?0? if amount is zero):

| Type of Funding  | Amount         | Percent of Total | Are the other sources of funds guaranteed in writing? |
|--|----------------|------------------|---|
| 1. Amount Requested from the State in this Appropriations Project Request: | 320,000        | 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  |
| <b>TOTAL</b>   | <b>320,000</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 2018-19 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

☒ 1-3M

☐ >3-10M

☐ >10M