

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Clay Behavioral Health-Crisis Prevention Team

2. Date of Submission: 10/27/2017

3. House Member Sponsor: W. Cummings

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- 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, Col. E
- What is the most recent fiscal year the project was funded? 2017-18
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
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 plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:		300,000	300,000		300,000	300,000

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

5a. If yes, which state agency? Department of Children and Families

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

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.

Failure to meet performance measures or contract deliverables will result in corrective action plans and/or financial penalties.

6. Requester:

- a. Name: Irene M. Toto, LMHC
- b. Organization: Clay Behavioral Health Center, Inc.
- c. Email: itoto@theigd.org
- d. Phone #: (904)278-5644

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

- a. Name: Irene M. Toto, LMHC
- b. Organization: Clay Behavioral Health Center, Inc.
- c. Email: itoto@theigd.org
- d. Phone #: (904)278-5644

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

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

9. Organization or Name of entity receiving funds:

- a. Name: Clay Behavioral Health Center, Inc.
- b. County (County where funds are to be expended): Clay
- c. Service Area (Counties being served by the service(s) provided with funding): Baker, Bradford, Clay, Duval, Putnam, St. Johns

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?

Project provides increased access to services to priority populations as defined in F.S. 394.674, and fits with the statewide effort to keep individuals with severe mental illnesses in the community as the Olmstead Act requires. Services are cost effective and efficient. Early access to care in a mental health crisis reduces the need for more costly and intensive services. Providing services to substance abusing parents helps maintain families and keeps children safe

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	.50 Crisis Alternative Program Manager - to provide supervision, recruitment as needed, and to coordinate training to program staff.	22,991
<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	1.0 FTE Crisis Alternative Program Coordinator, 1.0 FTE Family Intervention Specialist, 4.40 FTE Diversion Specialists - Coordinator will be responsible for the operations of the facility including the management of all staff and the provision of adequate care to all residents. The Diversion Specialists will provide direct care to the residents of the facility. The Family	221,628

	Intervention Specialist will provide assessments and case management.	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	These expenses include building occupancy, communications, local travel, out of town travel for staff to attend annual conference, office supplies, client food for 24 hour crisis facility, client incidentals, and liability insurance.	55,381
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		300,000

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:

Clay County Community Health Improvement Plan annual review meeting - May 17, 2017. Clay County Community Health Improvement Plan Mental Health work group - September 19, 2017.

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:

The 2016 Community Health Improvement Plan completed by the Health Planning Council of NE FL and the FL Dept of Health in Clay County identified 3 priority health issues in the County. These include Mental Health, Healthcare Access & Healthy Behavior & Prevention. This project clearly addresses 2 if not 3 of the issues and is supported by the ongoing community mental health work-group.

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?

The model is recovery based and utilizes evidence based practices. Direct services include individual and group therapy, case management, family intervention and 24-hour crisis intervention. Expedited access to psychiatric and primary care treatment. Support services and ongoing supervision in a community setting. Access to clinical staff and peer support. Ongoing advocacy, progress monitoring and linkage to community resources.

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

Citizens served by this project receive recovery based services through evidence based practices. Direct services include individual and group counseling, case management, family intervention and 24-hour intervention and crisis support. Individuals served have expedited access to psychiatric and primary care treatment. Services are available in a home like community setting with ongoing support. Persons served have access to clinical staff and peer support specialists, as well as a client ru

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)

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 or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	100% of referrals to the Community Crisis Prevention Team will be screened to insure primary care needs are being met and appropriate referrals will be made as indicated.	Screening forms to be reviewed, referrals tracked and results reported via quarterly report.
<input checked="" type="checkbox"/> Improve mental health	95% of Individuals receiving services will not require a higher level of care with 30 days of admission to Community Crisis Prevention Team services.	All individuals receiving services will be tracked and utilization of services will be monitored. Quarterly reports will be documented.
<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 type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	98% of individuals referred to services will successfully engage in treatment services.	All individuals referred for services will be tracked and engagement in treatment services will be monitored and documented in quarterly reports.
<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 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:	300,000	96.5%	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:	10,978	3.5%	Yes
5. Other:	0	0.0%	No
TOTAL	310,978	100%	

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