

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Northside Mental Health Center - Crisis Stabilization Unit

2. Date of Submission: 11/06/2017

3. House Member Sponsor: Jackie Toledo

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, Col. E

b. What is the most recent fiscal year the project was funded? 2017-18

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:

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:		275,000	275,000		550,000	550,000

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? Department of Children and Families

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.

Northside Mental Health Center has worked with our Managing Entity (ME) and the Department of Children and Families (DCF) during the current year to ensure the current funding meets the required goals of the contract and brings value back to the community. We would work directly with the ME and DCF going forward to ensure any necessary penalties are added to the contract to achieve the expected performance measures.

6. Requester:

- a. Name: Elaine Churton
- b. Organization: Northside Mental Health Center
- c. Email: Elaine.Churton@northsidemh.org
- d. Phone #: (813)977-8700

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

- a. Name: Latoya Miller Francis
- b. Organization: Northside Mental Health Center
- c. Email: L.Miller-Francis@northsidemh.org
- d. Phone #: (813)977-8700

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

- a. Name: Ron Pierce
- b. Firm: RSA Consulting Group, LLC
- c. Email: ron@rsaconsultingllc.com
- d. Phone #: (813)788-5578

9. Organization or Name of entity receiving funds:

- a. Name: Northside Mental Health Center
- b. County (County where funds are to be expended): Hillsborough
- c. Service Area (Counties being served by the service(s) provided with funding): Hillsborough

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?

Northside Mental Health Center is requesting funding for additional purchased beds allowing the adult mental health crisis stabilization program to continue to admit uninsured or underinsured individuals needing short-term acute mental health crisis stabilization and concurrently continuing to have beds occupied by individuals awaiting state hospital transfers.

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 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	Psychiatrist, Nurse, Mental Health Technicians, Case Managers/Discharge Planners, Program Manager, Pharmacist	420,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Patient meals, laundry services, program supplies	130,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		550,000

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:

Managing Entity - Central Florida Behavioral Health Network Letter of Support

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?

The state funds will be used to add five (5) additional adult mental health crisis stabilization beds to continue admitting individuals needing short-term crisis stabilization and concurrently reducing the need to have individuals admitted to the state hospital. Purchasing additional beds will allow the community crisis stabilization unit to fulfill the demand for crisis stabilization in Hillsborough County and provide access to a full continuum of services in their community thus preventing th

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

Northside Mental Health Center will provide adult mental health short-term crisis stabilization services to those individuals who are experiencing an acute psychiatric crisis and in immediate need of acute in-patient short-term stabilization services.

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 type="checkbox"/> Improve physical health		

<input checked="" type="checkbox"/> Improve mental health	Rapid Access to Care	Increase numbers served for adult individuals needing acute mental health in-patient crisis stabilization
<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	Reduce recidivism through readmission rate	10% reduction for three (3) or more acute care admissions within 180 days
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Divert from State Hospital (criminal) through Wait List	20% reduction in State Hospital admissions
<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:	550,000	81.3%	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:	126,500	18.7%	No
TOTAL	676,500	100%	

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

No