

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Gracepoint - 7 Crisis Stabilization Beds

2. Date of Submission: 11/13/2017

3. House Member Sponsor: Jackie Toledo

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:		250,000	250,000		848,000	848,000

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.

Underutilization of the CSU beds would result in a future adjustment in funding, usually below actual utilization.

6. Requester:

- a. Name: Joe Rutherford
- b. Organization: Mental Health Care, DBA Gracepoint
- c. Email: jrutherford@gracepointwellness.org
- d. Phone #: (813)239-8083

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

- a. Name: Joe Rutherford
- b. Organization: Mental Health Care, DBA Gracepoint
- c. Email: jrutherford@gracepointwellness.org
- d. Phone #: (813)239-8083

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

- a. Name: Larry Overton
- b. Firm: Larry J Overton and Associates
- c. Email: loverton@loverton.net
- d. Phone #: (850)224-2859

9. Organization or Name of entity receiving funds:

- a. Name: Mental Health Care, Inc DBA Gracepoint
- b. County (County where funds are to be expended): Hillsborough
- c. Service Area (Counties being served by the service(s) provided with funding): Hernando, Hillsborough, Pasco, Pinellas

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?

Data demonstrates that Gracepoint consistency serves a daily average of 39 indigent Baker Act patients. In order to adequately meet the needs of Hillsborough County, Gracepoint is requesting consideration to increase last year's funding back to \$848,000 (Currently at \$250,000), in order to avoid reduction of Baker Act bed capacity. This project allows Gracepoint to be funded for a total of 34 indigent CSU beds (27 beds with recurring funding and 7 additional with this non recurring project).

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	CSU personnel and associated benefits	715,936
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Supplies, facility, and insurance	64,349
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Meals, Medications, and Pharmacy	67,715
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		848,000

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:

These 7 beds have been funded since 2014 and total 34 indigent beds in conjunction with the 27 recurring beds. As Gracepoint is designated as one of the Central Receiving Facilities, our grant application included letters of commitment from Hillsborough's Sheriff, County Commissioners, Public Safety Council, TPD.

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:

In May, 2016, DCF identified the need for \$42.4 million for 351 state funded Baker Act beds to make Florida whole with a ratio of 1 bed per 10,000 population. Hillsborough County's population of 1.3 million indicates a need of 130 beds. Only 45 indigent CSU beds currently exist (Gracepoint and Northside) with daily utilization exceeding the number of beds funded.

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?

Treating Baker Act indigent patients on a CSU will save the state money by:

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

The Baker Act beds which were closed due to last year's reduction will be reopened and Baker Act patients will have access to Crises 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	<p>Treating Baker Act indigent patients on a CSU will save the state money by: Reducing more costly admissions to state hospital. Allows for immediate CSU admission versus the utilization of Emergency Rooms and LIP dollars. Reduces the use of jails as mental health facilities</p> <p>Coordination of care upon discharge by Gracepoint supports the statewide system of care by managing re-entry and follow-up services designed to reduce recidivism rates.</p>	<p>Performance measures to be used are readmission rates, average length of stay, number served, number of bed days utilized and cost per bed day.</p>
<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 type="checkbox"/> Reduce substance abuse		
<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:	848,000	50.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	848,000	50.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	1,696,000	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