Appropriations Project Request - Fiscal Year 2018-19
For projects meeting the Definition of House Rule 5.14

1. Title of Project: Trilogy Integrated Resources - Network of Care for Behavioral Health
2. Date of Submission: 11/14/2017
3. House Member Sponsor: David Santiago
   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 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:					735,000	735,000

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.
   Non-applicable as software would be a subscription to an existing service.

6. Requester:
     a. Name: <u>Afshin Khosravi</u>
     b. Organization: <u>Trilogy Intergrated Resources</u>
     c. Email: <u>akhosravi@trilogyir.com</u>
     d. Phone #: <u>(415)458-5900</u>

7. Contact for questions about specific technical or financial details about the project:
     a. Name: <u>Afshin Khosravi</u>
     b. Organization: <u>Trilogy Intergrated Resources</u>
     c. Email: <u>akhosravi@trilogyir.com</u>
     d. Phone #: <u>(415)458-5900</u>

8. Is there a registered lobbyist working to secure funding for this project?
     a. Name: <u>Melissa Akeson</u>
     b. Firm: <u>The Rubin Group</u>
     c. Email: <u>akesonm@rubingroup.com</u>
     d. Phone #: <u>(850)681-9111</u>

9. Organization or Name of entity receiving funds:
     a. Name: <u>Trilogy Integrated Resources</u>
     b. County (County where funds are to be expended): <u>Statewide</u>
     c. Service Area (Counties being served by the service(s) provided with funding): <u>Statewide</u>

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?

Provide reliable, quick and easy access to behavioral health services and information for targeted high-need populations such as veterans and individuals with mental illness and/or substance abuse addiction. Connect behavioral health consumers and their families with the most up to date comprehensive directory of community based resources and information, including: social networking platform, job search & support and local crisis intervention and emergency care programs.

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:		
☐a. Executive Director/Project Head Salary and Benefits		
☐b. Other Salary and Benefits		
☐c. Expense/Equipment/Travel/Supplies/Other		
☐d. Consultants/Contracted Services/Study		
Operational Costs:		
☐e. Salaries and Benefits		
☐f. Expenses/Equipment/Travel/Supplies/Other		
☑g. Consultants/Contracted Services/Study	Contracted services with vendor- License fee (set-up) and annual subscription	735,000
Fixed Capital Construction/Major Renovation:		
☐h. Construction/Renovation/Land/Planning Engineering		
TOTAL		735,000

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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?
   Yes

   14a. Will this information technology project be managed within a state agency to support state agency program goals?
      No

   14b. What is the total cost (all years) to design and build the project?
      335,000

   14c. What are the ongoing (annual recurring) maintenance and operation costs once the project is completed?
      400,000

   14d. Can the state agency fund the ongoing annual recurring costs within its current operating budget?
      No

   14e. What are the specific business objectives or needs the IT project is intended to address?
      Provide a single source of online information of all local health and human services and resources within a community to best assist individuals, families and caretakers to make the most informed decisions regarding care in a persons life who is suffering from behavioral health and/or substance abuse addiction.

   14f. Based upon the identified business objectives or needs, what are the success factors that must be realized in order for the state agency to consider the proposed IT project a success?
      Number of visitors served and number of referrals, both of which will be measured on a monthly basis.

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?
   No

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

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16a. Please Describe:

President Bush's New Freedom Commission recognized the Network of Care as a model program to help transform mental health in America. The Commission's final report, "Achieving the Promise: Transforming Mental Health Care in America," identifies the Network of Care as a model program that illustrates its goal of using technology to access mental-health care and information. SAMHSA then issued transformation grants and pre-qualified the Network of Care for Behavioral Health to all its recipients.

17. Will the requested funds be used directly for services to citizens?
<u>Yes</u>

17a. What are the activities and services that will be provided to meet the purpose of the funds?
The portal is fully customized to serve its specific location. Network of Care Direct services include: Local Service Directory- Comprehensive database enabling consumers to quickly locate local programs and services to make informed choices for what they need. Crisis Services- Quick access to local emergency and crisis intervention programs in the area. Vast Library consisting of information that is peer-reviewed information for accuracy and pre-vetted for relevance.

17b. Describe the direct services to be provided to the citizens by the funding requested.
In addition to the individual ?population? boxes checked, the ?other box? is also checked with this description: Mental health community consists of Veterans and all other age groups. Several populations will be served by the Network of Care.

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): Mental Health community consists of veterans and all other age groups.

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
☐Improve physical health		
☑Improve mental health	As a community access and engagement tool, we measure our success by the usage of our site and the number of people we direct to local services.	Number of visitors, page view and perhaps most importantly number agency detail information paged view. These are qualified online referrals.
☐Enrich cultural experience		
☐Improve agricultural production/promotion/education		
☐Improve quality of education		
☐Enhance/preserve/improve environmental or fish and wildlife quality		

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☐Protect the general public from harm (environmental, criminal, etc.)		
☐Improve transportation conditions		
☐Increase or improve economic activity		
☐Increase tourism		
☐Create specific immediate job opportunities		
☐Enhance specific individual?s economic self sufficiency		
☐Reduce recidivism		
☑Reduce substance abuse	NOC learning centers are designed to help educate and provide access to substance abuse services in the communities.	Number of successful completions and visits to learning centers are tracked and substance abuse service provider directory access is monitored on a daily basis.
☐Divert from Criminal/Juvenile justice system		
☐Improve wastewater management		
☐Improve stormwater management		
☐Improve groundwater quality		
☐Improve drinking water quality		
☐Improve surface water quality		
☐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:	735,000	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	735,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?
<u>Yes</u>

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