

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Okaloosa County Forensic Hospital Diversion Pilot Program

2. Date of Submission: 11/13/2017

3. House Member Sponsor: Mel Ponder

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:					150,000	150,000

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? No

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.

Denial of future funding

6. Requester:

- a. Name: Stefan Vaughn
- b. Organization: Okaloosa Board of County Commissioners
- c. Email: svaughn@co.okaloosa.fl.us
- d. Phone #: (850)689-5763

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

- a. Name: Stefan Vaughn
- b. Organization: Okaloosa Board of County Commissioners
- c. Email: svaughn@co.okaloosa.fl.us
- d. Phone #: (850)689-5763

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

- a. Name: Sarah Busk
- b. Firm: The Advocacy Group at Cardenas Partners, LLC.
- c. Email: sjb@cardenaspartners.com
- d. Phone #: (850)222-8900

9. Organization or Name of entity receiving funds:

- a. Name: Okaloosa Board of County Commissioners
- b. County (County where funds are to be expended): Okaloosa
- c. Service Area (Counties being served by the service(s) provided with funding): Okaloosa

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?

Funds provided pursuant to this request would be utilized during the initial implementation of the Forensic Hospital Diversion Pilot program in Okaloosa County. Specifically, these funds would be used to employ two licensed clinical social workers to provide initial mental health and/or substance abuse screening and care.

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	Employment of two licensed clinical social workers to provide initial mental health and/or substance abuse screening and care	150,000
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		150,000

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:

The project has been supported by the Okaloosa Board of County Commissioners, Okaloosa County Sheriff's Office, Mental Health Association of Okaloosa and Walton Counties, Big Bend Community Based Care, and all local municipal police chiefs in Okaloosa County.

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 requested funds will be utilized to provide mental health and/or substance abuse screening and care to justice-involved members of the target population

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

Members of the target population who are justice-involved will be provided mental health and/or substance abuse screening and care in an effort to promote treatment, reduce periods of incarceration, divert individuals from placement in the Florida State Hospital, reduce taxpayer costs, and improve local communities and families.

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 or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Reduction in the number of untreated medical conditions reported among justice-involved members of the target population	Examination of the number of untreated medical conditions reported during subsequent intake processes, if applicable.

<input checked="" type="checkbox"/> Improve mental health	Reduction in the number of untreated mental health issues reported among the target population who are justice-involved.	Examination of the number of untreated mental health issues reported during subsequent intake processes, if applicable.
<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 checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Reduction in the number of criminal acts and/or arrests among the target population who are justice-involved.	Examination of the number of criminal acts and/or arrests among the target population who are justice-involved.
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Increased number of individuals employed in the fields of mental health and correctional security.	Examination of the number of employed licensed clinical social workers and correctional staff.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Increased capacity for members of the target population to obtain and/or retain employment.	Examination of the members of the target population's reported ability to obtain and/or retain employment during subsequent intake processes, if applicable.
<input checked="" type="checkbox"/> Reduce recidivism	Reduction in criminal arrests among members of the target population	Examination of the number of new criminal arrests reported among the target population who are justice-

	who are justice-involved.	involved.
<input checked="" type="checkbox"/> Reduce substance abuse	Reduction in the reported use of illegal substances among members of the target population who are justice-involved.	Examination of the number of substance abuse issues reported among the target population who are justice-involved.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Reduction in criminal acts and/or arrests among members of the target population who are justice-involved	Examination of the number of criminal acts and/or arrests reported among the target population who are justice-involved.
<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:	150,000	92.6%	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:	12,000	7.4%	No

5. Other:	0	0.0%	No
TOTAL	162,000	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