



Health Care Appropriations Subcommittee

Wednesday, November 8, 2017
4:00 PM - 6:00 PM
Sumner Hall (404 HOB)

MEETING PACKET



The Florida House of Representatives

Appropriations Committee

Health Care Appropriations Subcommittee

Richard Corcoran
Speaker

Jason Brodeur
Chair

AGENDA

Wednesday, November 8, 2017

4:00 PM – 6:00 PM

Sumner Hall (404 HOB)

- I. Call to Order/Roll Call
- II. Opening Remarks by Chair Brodeur
- III. **Consideration of the following bill(s):**
 - HB 2017** Jewish Family and Children's Services of the Suncoast - Children's Crisis Teams by Gruters
 - HB 2027** Hibiscus Children's Center – Fixed Capital Outlay for an Emergency Shelter Serving At-Risk Youth by Harrell
 - HB 2047** Florida Baptist Children's Home - Brave Moms Program by Combee
 - HB 2053** Ft. Myers Salvation Army - Co-Occurring Residential Treatment Program by Caldwell
 - HB 2057** Coastal Behavioral Healthcare – Florida Assertive Community Treatment Team by Gruters
 - HB 2071** The Salvation Army Sarasota Area Command – Residential Substance Abuse Recovery and Treatment Services by Gruters
- IV. Update on Florida Department of Veterans' Affairs - Nursing Homes Construction, Maintenance and Repair *by Lieutenant Colonel (Retired) Glenn W. Sutphin, Jr., Executive Director, Florida Department of Veterans' Affairs*
- V. Closing Remarks and Adjournment

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Jewish Family and Children's Services of the Suncoast - Children's Crisis Teams
2. Date of Submission: 09/07/2017
3. House Member Sponsor: Joe Gruters
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
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:		200,000	200,000		428,134	428,134

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.
would receive a reduction of allocations for only the outcomes achieved

6. Requester:

- a. Name: Rose Chapman
- b. Organization: Jewish Family & Children's Service of the Suncoast, Inc.
- c. Email: rchapman1@jfcs-cares.org
- d. Phone #: (941)587-5317

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

- a. Name: Rose Chapman
- b. Organization: Jewish Family & Children's Service of the Suncoast, Inc.
- c. Email: rchapman1@jfcs-cares.org
- d. Phone #: (941)587-5317

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: Jewish Family & Children's Service of the Suncoast, Inc.
- b. County (County where funds are to be expended): Manatee, Sarasota
- c. Service Area (Counties being served by the service(s) provided with funding): Manatee, Sarasota

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?

To provide an intensive community based clinical service that responds to and manages a crisis; identifies the underlying factors of the crisis and the ongoing needs of the youth and family; and then, puts in place necessary services to support these needs with the goal of diverting high end utilization of mental health resources.

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	1FTE Program Coordinator	50,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	FICA, Health, Dental, Retirement, Life & LDT, Workers Compensation & Unemployment	71,862
<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	4 full-time Crises Team Specialists, .25 FTE IT Specialist, .25 FTE Director of Grants Management, .20 Director of Trauma & Counseling	216,453
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Supplies, Postage, Cell Phones, Hotspots, Laptops, Occupancy and Staff Travel	35,819
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	One time clinician to serve youth between the ages of 0 through 8	54,000

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		428,134

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?

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?

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?

Over a 90 day period, master level clinical staff provide mobile crisis intervention, stabilization, and intensive mental health counseling. Case management activities connect the youth and family to services that will address identified issues over time in a least restrictive setting.

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

Over a 90 day period, master level clinical staff provide mobile crisis intervention, stabilization, and intensive mental health counseling. Case management activities connect the youth and family to services that will address identified issues over time in a least restrictive setting.

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): children with serious mental health problems

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	Reduce number of Baker Acts and Hospitalizations and foster care	Review admissions of clients in the program three months post

	admissions	intervention.
<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 number of Baker Acts and hospitalizations and foster care placements	Review admissions of clients in the program three months post intervention.
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Children and Youth will not be involved in the Criminal Justice System	Review admissions of clients in the program three months post intervention.
<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:	428,134	98.1%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column E)	0	0.0%	No
4. Local:	8,398	1.9%	No
5. Other:	0	0.0%	No
TOTAL	436,532	100%	

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

No

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Jewish Family and Children's Services of the Suncoast
 4 - Children's Crisis Teams; providing an appropriation;
 5 providing an effective date.

6
 7 Be It Enacted by the Legislature of the State of Florida:

8
 9 Section 1. Jewish Family and Children's Services of the
 10 Suncoast - Children's Crisis Teams is an Appropriations Project
 11 as defined in The Rules of The Florida House of Representatives
 12 and is described in Appropriations Project Request 18, herein
 13 incorporated by reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 15 of \$428,134 from the General Revenue Fund is appropriated to the
 16 Department of Children and Families to fund the Jewish Family
 17 and Children's Services of the Suncoast - Children's Crisis
 18 Teams as described in Appropriations Project Request 18.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Hibiscus Children's Center ? Fixed Capital Outlay for an Emergency Shelter Serving At-Risk Youth
2. Date of Submission: 09/19/2017
3. House Member Sponsor: Gayle Harrell
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 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
	Column: A	Column: B	Column: C	Column: D	Column: E	Column: F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					1,300,000	1,300,000

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.

No penalties. Indirectly, not having enough shelters and adequate services for children who have been removed by the state from their homes due to abuse or neglect.

6. Requester:

- a. Name: Paul Sexton
- b. Organization: Hibiscus Children's Center
- c. Email: psexton@hcc4kids.org
- d. Phone #: (772)340-5750

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

- a. Name: Paul Sexton
- b. Organization: Hibiscus Children's Center
- c. Email: psexton@hcc4kids.org
- d. Phone #: (772)340-5750

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: Hibiscus Children's Center
- b. County (County where funds are to be expended): Martin
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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?

To make dire renovations to an emergency shelter for children ages birth to 15 years old who have been removed from their homes due to abuse, neglect and/or abandonment and placed there by the state. The Shelter has been in operation since 1989. It runs at capacity the majority of the time. Children removed from their homes due to abuse and in the care of the state has risen dramatically due to tougher legislative standards. Our goal is to provide children wit the highest level of 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 type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	This is a shovel ready job. All engineering and planning and estimating are complete.	1,300,000
TOTAL		1,300,000

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)

For Profit

Non Profit 501(c) (3)

Non Profit 501(c) (4)

Local Government (e.g., police, fire or local government buildings, local roads, etc.)

State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

Other (Please describe)

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:

Letters of support from Devereux Community Based Care, Children's Services Councils and the St Lucie Delegation meeting presentation.

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?

Children severely victimized by physical, emotional and/or sexual abuse are in dire need of services that foster a sense of security, feeling worthwhile and overall well-being. Our goal is to provide these vulnerable children with the highest level of care that meets the specific needs of at-risk and sexually abused children. Just a few of the key elements include: a new kitchen and cafeteria, new laundry, private therapeutic rooms, innovative adventure exercise program.

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

Trauma informed care provided to the children while their physical and emotional needs are met will help reduce the impact of the trauma already experienced and not re-traumatize the child. Individual and group mental health counseling. Therapeutic gardening. Pet

therapy. Exercise therapy. The literacy program provides individualized assistance to children whose traumatic experiences have virtually halted the educational process. After school tutoring is available to assist children.

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	Safe living environment.	CBC oversight of progress of improved child well-being.
<input checked="" type="checkbox"/> Improve mental health	Mental health assessment. Individual therapy and group therapy. New single rooms for children who have suffered sexual abuse.	Progress reports from therapists. Health Assessments and treatment plan completion.
<input checked="" type="checkbox"/> Enrich cultural experience	The children experience fun and educational outings and activities, including Camp Hibiscus, a ten-week summer camp program.	Calendar and outing events.
<input checked="" type="checkbox"/> Improve agricultural production/promotion/education	New geodesic dome for therapeutic gardening.	Improved mental health functioning as evidenced by mental health assessments and treatment plan completion.
<input checked="" type="checkbox"/> Improve quality of education	Literacy Program will have a new after school tutoring lab.	To increase the words read per minute and or reading grade level of at least 80% of the children ages 5-12 as shown by the FL diagnostic tests.
<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 checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Enhanced therapeutic services.	Outcomes measured by improved mental health functioning as evidenced by mental health assessments and treatment plan completion.
<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:	1,300,000	100.0%	N/A
2. Federal:	0	0.0%	No

3. State: (Excluding the requested Total Amount in #4d, Column E)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	1,300,000	100%	

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

No

1 A bill to be entitled
2 An act relating to the Appropriations Project titled
3 Hibiscus Children's Center - Fixed Capital Outlay for
4 an Emergency Shelter Serving At-Risk Youth; providing
5 an appropriation; providing an effective date.

6
7 Be It Enacted by the Legislature of the State of Florida:

8
9 Section 1. Hibiscus Children's Center - Fixed Capital
10 Outlay for an Emergency Shelter Serving At-Risk Youth is an
11 Appropriations Project as defined in The Rules of The Florida
12 House of Representatives and is described in Appropriations
13 Project Request 21, herein incorporated by reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
15 of \$1,300,000 from the General Revenue Fund is appropriated to
16 the Department of Children and Families to fund the Hibiscus
17 Children's Center - Fixed Capital Outlay for an Emergency
18 Shelter Serving At-Risk Youth as described in Appropriations
19 Project Request 21.

20 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida Baptist Children's Home - Brave Moms Program
2. Date of Submission: 10/02/2017
3. House Member Sponsor: Neil Combee
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	Column: B	Column: C	Column: D	Column: E	Column: 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:		400,000	400,000		600,000	600,000

5. Are funds for this issue requested in a state agency? 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.
Financial consequences - repaying of funds

6. Requester:

- a. Name: Jerry T. Haag
- b. Organization: Florida Baptist Children's Homes
- c. Email: jerry.haag@fbchomes.org
- d. Phone #: (863)687-8811

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

- a. Name: Pam Whitaker
- b. Organization: Florida Baptist Children's Homes
- c. Email: pam.whitaker@fbchomes.org
- d. Phone #: (863)577-4468

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: Florida Baptist Children's Homes
- b. County (County where funds are to be expended): Duval, Lake, Miami-Dade, Polk
- c. Service Area (Counties being served by the service(s) provided with funding): Duval, Lake, Miami-Dade, Polk

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 services to single mothers with children to self sufficiency and as a consequence prevent family disruption and create family stability and unity.

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	Salary and Benefits for 1 Executive Director	77,250
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Administrative oversight by Vice President of Programs salary & benefits	37,250
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Travel-supervision of programs at various sites Educational materials Office equipment - laptops	20,500
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Salary and benefits for 4 supervisors and 4 part time Family Life Coordinators	250,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Travel - Supervision of programs at various sites, educational materials, office equipment - laptops	15,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		

<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Construction, Renovation and up-keeping as Brave Moms exit the program and new Brave Moms enter the program - expansion across the state in specified counties.	200,000
TOTAL		600,000

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)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

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:

Letter of support from DCF Secretary Mike Carroll

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?

Housing, financial and budgeting education, vocational counseling, counseling-relation building, self esteem, tangible services - food, clothing, diapers, referrals for various resources in the community - additional mental health or substance abuse, housing, child care.

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

Case Management, mentoring, residential 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): Single Mothers with children

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800

O>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 single mothers & children clients in the program will be (1) assessed for physical needs (2) receive routine and as needed medical & dental care, (3) participate in a variety of health educational trainings.	Individualized Plan of Services goals as established at admission and evaluated on a monthly basis and at a completion of the program.
<input checked="" type="checkbox"/> Improve mental health	No crisis psychiatric hospitalization or Baker Acts, 80% compliance with mental health goals if receiving specific mental health services from outside provider and decreased stress levels by 50% for those not involved in specific mental health treatment services.	Individualized Plan of Services goals as established at admission and evaluated on a monthly basis and at completion of the program.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	100% of Single Mothers clients will receive educational guidance, resources, access to educational funding opportunities (scholarships available to the organization) and support to enhance their economic growth towards financial stability.	Individualized Plan of Services goals as established at admission and evaluated on a monthly basis and at completion of the program.
<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 checked="" type="checkbox"/> Improve transportation conditions	100% of Single Mother Clients will be (1) assessed for transportation needs, (2) provided referrals and resources for transportation.	Individualized Plan of Services goals as established at admission and evaluated on a monthly basis and at completion of the program.
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	100% of Single Mother clients will save 30% of their income and work individually with the Brave Moms Supervisor regarding their individualized budget sheet to gain financial self-sufficiency.	Individualized Plan of Services goals as established at admission and evaluated on a monthly basis and at completion of the program & tracking via Budget Sheet
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	100% of Single Mother clients will receive substance abuse education, prevention practices and appropriate referrals.	Individualized Plan of Services goals as established at admission and evaluated on a monthly basis, as needed, and assessed at completion of the program.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	100 % of the Single Mother Clients will incur any new law violations (felony charges) during their program stay and will receive support, guidance and educational needs as appropriate.	Incident Reports, Individualized Plan of Services specific to goals related to areas that could lead to potential law violations, tracked in database system - Revolve.

<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:	600,000	87.5%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column E)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	86,000	12.5%	Yes
TOTAL	686,000	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

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Florida Baptist Children's Home - Brave Moms Program;
 4 providing an appropriation; providing an effective
 5 date.

6
 7 Be It Enacted by the Legislature of the State of Florida:

8
 9 Section 1. Florida Baptist Children's Home - Brave Moms
 10 Program is an Appropriations Project as defined in The Rules of
 11 The Florida House of Representatives and is described in
 12 Appropriations Project Request 33, herein incorporated by
 13 reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 15 of \$600,000 from the General Revenue Fund is appropriated to the
 16 Department of Children and Families to fund the Florida Baptist
 17 Children's Home - Brave Moms Program as described in
 18 Appropriations Project Request 33.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Ft. Myers Salvation Army - Co-Occurring Residential Treatment Program
2. Date of Submission: 09/25/2017
3. House Member Sponsor: Matt Caldwell
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	Column: B	Column: C	Column: D	Column: E	Column: 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:		165,000	165,000		165,000	165,000

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.
Future funding

6. Requester:

- a. Name: Tim McCormick
- b. Organization: The Salvation Army
- c. Email: tim.mccormick@uss.salvationarmy.org
- d. Phone #: (239)628-1490

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

- a. Name: Tim McCormick
- b. Organization: The Salvation Army
- c. Email: tim.mccormick@uss.salvationarmy.org
- d. Phone #: (239)628-1490

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: The Salvation Army
- b. County (County where funds are to be expended): Lee
- c. Service Area (Counties being served by the service(s) provided with funding): Charlotte, Collier, Glades, Hendry, Lee

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?

The program will increase the successful rate of completion for these targeted individuals at a minimum of 60% by provided immediate access to a mental health evaluation and treatment effectively saving 6-8 weeks of securing mental health services in our local community and increasing positive outcomes for the offender.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Percentage of Salary and Benefits for Director of Program	2,600
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Rent and utilities	9,500
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Salaries and benefits for Mental Health Clinician, Addictions Counselors, and monitor techs providing 24 hour awake supervision.	100,011
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Client meals, prescription medications, laboratory blood work, drug testing kits, therapy work books, journals, and personal hygiene products	29,889
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Contracted fees for Psychiatrist providing services to clients	23,000

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		165,000

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:

We have a Letter of Support dated July 17, 2017 from Kathleen Smith, Public Defender of the 20th Judicial Circuit supporting our Program. Please see attached.

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 participants will receive intensive mental health and substance use treatment through evidence based treatment methodologies to include: weekly individual counseling sessions, weekly mental health therapy groups, substance use groups, educational groups, life skills classes, such as; personal hygiene, money management, budgeting, recreational activities, medication management, etc.

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

The direct services to citizens will include: Psychiatrist initial assessment, diagnosis and ongoing medication management while in residence. A Masters Level Mental Health Clinician, 1 hour of individual counseling and 1 group session per week, and substance treatment required in 65D-30 per DCF lic.

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	Clients will comply with mental health medication prescribed by psychiatrist. Clients will attend mental health counseling sessions.	At least 60% of clients will successfully complete 6 months of residential treatment. 100% of clients will receive at least 3.5 hours of weekly mental health service during 6 months of residential treatment.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Increase education for those without a High School diploma or GED.	100% of clients in treatment will attend GED classes and those who are ready to test for their GED will be provided the opportunity without cost to the client.
<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.)	Reduce rearrests of clients in treatment and in aftercare.	At least 60% of clients will successfully complete 6 months of residential treatment and remain arrest free. 60% of clients will remain arrest free while completing 6 months of Aftercare Services.
<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 checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Increase employability of clients served.	100% of clients will attend employment readiness classes while in treatment. 70% of clients will be employed at discharge.
<input checked="" type="checkbox"/> Reduce recidivism	Clients will remain arrest free while in treatment and receiving services while in Aftercare.	At least 60% of clients will successfully complete 6 months of residential treatment and 60% of clients who attend 6 months of Aftercare will remain arrest free.
<input checked="" type="checkbox"/> Reduce substance abuse	Clients will provide 6 months of clean urinalysis while in residential treatment and Aftercare if attending.	At least 60% of clients will successfully complete 6 months of residential treatment and 60% of clients who attend 6 months of Aftercare will have clean urinalysis.
<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	165,000	100.0%	N/A

Project Request:			
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column E)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	165,000	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

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Ft. Myers Salvation Army - Co-Occurring Residential
 4 Treatment Program; providing an appropriation;
 5 providing an effective date.

6
 7 Be It Enacted by the Legislature of the State of Florida:

8
 9 Section 1. Ft. Myers Salvation Army - Co-Occurring
 10 Residential Treatment Program is an Appropriations Project as
 11 defined in The Rules of The Florida House of Representatives and
 12 is described in Appropriations Project Request 17, herein
 13 incorporated by reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 15 of \$165,000 from the General Revenue Fund is appropriated to the
 16 Department of Children and Families to fund the Ft. Myers
 17 Salvation Army - Co-Occurring Residential Treatment Program as
 18 described in Appropriations Project Request 17.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Coastal Behavioral Healthcare ? Florida Assertive Community Treatment Team
2. Date of Submission: 10/09/2017
3. House Member Sponsor: Joe Gruters
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	Column: B	Column: C	Column: D	Column: E	Column: 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:					1,362,111	1,362,111

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.

This project would have to comply with all DCF and managing entity rules and performance measures for organizations that receive Substance Abuse and Mental Health funds. Penalties for non-compliance could range from Corrective Action plans to contract termination.

6. Requester:

- a. Name: Jack Minge
- b. Organization: Coastal Behavioral Healthcare, Inc.
- c. Email: jminge@coastalbh.org
- d. Phone #: (941)927-8900

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

- a. Name: Joanne Radcliffe
- b. Organization: Coast Behavioral Healthcare, Inc.
- c. Email: jradcliffe@coastalbh.org
- d. Phone #: (941)927-8900

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

- a. Name: Carole Green
- b. Firm: Capital Strategies Consulting
- c. Email: carole@capitolstrategiesinc.com
- d. Phone #: (850)590-2206

9. Organization or Name of entity receiving funds:

- a. Name: Coastal Behavioral Healthcare, Inc.
- b. County (County where funds are to be expended): Sarasota
- c. Service Area (Counties being served by the service(s) provided with funding): Sarasota

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?

Funding will be used for the creation of a multidisciplinary team with responsibility for the provision of the majority of treatment, rehabilitation, and support services for a designated number of persons with severe and persistent mental illness. Funding will also be used for client incidental expenses; e.g., medicines and rents.

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	13 person multi-disciplinary team	640,766
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Occupancy, vehicles (equipment), temporary assistance with expenses related to increase or maintain a participant's independence and integration into their community; office supplies, general & professional insurance, telephone and travel expenses. Includes one-time expenditure for start-up equipment for offices, computers,	721,345

	printers and other similar items.	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,362,111

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:

We will provide letters of support for the request

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 FACT service need was identified during a Sequential Intercept Mapping 2-day workshop in Sarasota, which was conducted by a consultant from the University of South Florida.

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 funding would provide for the implementation and development of a Florida Assertive Community Treatment program (FACT).

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

Services include a team approach to community-based rehabilitation. Specific services include psychiatry, substance use treatment, case management, and supported housing.

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 type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Individuals will have more stable housing, healthier lifestyles and fewer risk-taking behaviors	Clinical Assessment
<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 checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	N/A	N/A
<input checked="" type="checkbox"/> Reduce recidivism	Reduced involvement in the acute care system	Regular communication with acute care facilities
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Reduced involvement in the criminal	Regular communication with the

	justice system	criminal 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:	1,362,111	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column E)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	1,362,111	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

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Coastal Behavioral Healthcare - Florida Assertive
 4 Community Treatment Team; providing an appropriation;
 5 providing an effective date.

6
 7 Be It Enacted by the Legislature of the State of Florida:

8
 9 Section 1. Coastal Behavioral Healthcare - Florida
 10 Assertive Community Treatment Team is an Appropriations Project
 11 as defined in The Rules of The Florida House of Representatives
 12 and is described in Appropriations Project Request 40, herein
 13 incorporated by reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 15 of \$1,362,111 from the General Revenue Fund is appropriated to
 16 the Department of Children and Families to fund the Coastal
 17 Behavioral Healthcare - Florida Assertive Community Treatment
 18 Team as described in Appropriations Project Request 40.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: The Salvation Army Sarasota Area Command ? Residential Substance Abuse Recovery and Treatment Services

2. Date of Submission: 10/13/2017

3. House Member Sponsor: Joe Gruters

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- 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
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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	Column: B	Column: C	Column: D	Column: E	Column: 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:					766,500	766,500

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.

N/A Special Member project

6. Requester:

- a. Name: Chris Johnson
- b. Organization: The Salvation Army Sarasota Area Command
- c. Email: chris.s.johnson@uss.salvationarmy.org
- d. Phone #: (941)954-4673

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

- a. Name: Amy Jones
- b. Organization: The Salvation Army Sarasota Area Command
- c. Email: amy.e.jones@uss.salvationarmy.org
- d. Phone #: (941)954-4673

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: The Salvation Army Sarasota Area Command
- b. County (County where funds are to be expended): Sarasota
- c. Service Area (Counties being served by the service(s) provided with funding): Manatee, Sarasota

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?

These funds will provide 60 residential, abstinence-based substance abuse recovery beds and services at no cost to those in need of help from addiction to opioids, alcohol and/or other drugs who otherwise could not access or afford services. These 60 beds include 30 entry and assessment beds and 30 program beds. These 60 beds are part of a larger platform of 90 beds, the other 30 funded by Sarasota County. The need for no cost services in the region is much greater than 30 beds.

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 checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Expense for technical oversight, legal, risk and insurance.	90,447
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Salaries and benefits for case managers, case workers and/or housing monitors.	361,350
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Room and board for direct services to clients (this includes three meals per day and accommodations, supplies, utilities, repairs and milieu services).	314,703
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		766,500

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 Community Alliance of Sarasota County supports this project for the 2018 Session as documented at the Sixth Annual Legislative Summit on September 21, 2017. The Community Alliance of Sarasota County voted this project a "Super Priority" for the 2018 Legislative Session on September 15, 2017. This project was presented at public hearings at the Sarasota County Legislative Delegation Committee Meetings held September 20, 2017 and January 18, 2017. This project is in the 2017/2018 blue books.

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 need for increased residential treatment services has been thoroughly documented by Sarasota County Government and the University of South Florida through the Sarasota County Alternative Residential Treatment (CART) Initiative and the Voluntary Interim Placement - Enhanced Recovery (VIPER) program reports and evaluations. Documented: <http://www.usf.edu/cbcs/mhlp/tac/documents/behavioral-healthcare/evaluation-of-sarasota-county-cart.pdf> and Florida Partners In Crisis article, 1/5/2010.

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 activities and services that will be provided directly to citizens are room and board (which includes beds, meals, accommodations, supplies, utilities, maintenance and milieu services associated with residential life), assessment, evaluation, case management, counseling, classes and access to AA and NA meetings and hundreds of opportunities and activities every month.

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

The direct services listed above will be provided in a therapeutic residential community. The 90 beds are situated inside The Salvation Army Center of Hope in downtown Sarasota, a few blocks from Sarasota Bay. The abstinence-based recovery program consists of 5-6 weeks of "Entry" time in which the participant is granted time to acclimate to community culture, become accustomed to the daily flow of residential life, and attend meetings and activities as they mentally and physically prepare to beg

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	Participants: 1) Complete the abstinence-based recovery program, 2) Choose to stay sober/stable, 3) Experience less hospital/health department visits.	1) Number of participants who complete will be tracked in the Homeless Management Information System (HMIS), 2) Number of participants sober/stable based on follow-up reporting for sobriety/housing & Self-Sufficiency Matrix (SSOM) Scores under Substance Abuse and Housing Domains, 3) Number of participants with less visits based on self-reporting/case manager follow-up. (Personal narratives/participant testimonies can also be provided for qualitative measure.)
<input checked="" type="checkbox"/> Improve mental health	Participants: 1) Complete the abstinence-based recovery program, 2) Choose to stay sober/stable, 3) Experience less hospital/health department visits, 4) Where participants choose as part of personal recovery plan (not required or enforced), participant commence or resume appropriate medication for	1) Number of participants who complete will be tracked in the Homeless Management Information System (HMIS), 2) Number of participants sober/stable based on follow-up & Self-Sufficiency Matrix (SSOM) Scores under the Mental Health Domain, 3) Number of participants with less visits based on self-reporting/case manager follow-

	mental health diagnosis.	up, 4) Number of participants based on case management records at our facility. (Personal narratives/participant testimonies can also be provided for qualitative measure.)
<input checked="" type="checkbox"/> Enrich cultural experience	(This is not a targeted outcome of the program but is a secondary result based on the environment, culture, therapeutic community environment, and service-oriented community environment with access to many opportunities to serve, learn and participate in many diverse activities and events.)	(We will not plan to track this specifically for this funding unless it is of specific interest to the funder. Organically, the number of activities and number of participants are tracked and can be recalled at a general reporting level.) (Personal narratives/participant testimonies can also be provided for qualitative measure.) (Can also be tracked through Self-Sufficiency Outcome Matrix (SSOM) under the Community Involvement Domain.)
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Participants attend over 130 hours of classes and meetings every month. Participants are better positioned to receive and pursue educational experiences.	Number of classes and activities and number of participants is tracked. Personal narratives/participant testimonies are gathered.
<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.)	Participants are off the street and enrolled in recovery. Eventual decrease in arrest rate.	Number of participants in the program is tracked (those who complete the first time and those who don't complete the first time). Jail

		recidivism rates.
<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	Participants are off the street and enrolled in recovery. Eventual decrease in arrest rate.	Number of participants in the program is tracked (those who complete the first time and those who don't complete the first time). Jail recidivism rates.
<input checked="" type="checkbox"/> Reduce substance abuse	Participants are off the street and enrolled in recovery. Participants stay sober/stable 3 months, 6 months and 12 months following completion of program.	Number of participants in the program is tracked (those who complete the first time and those who don't complete the first time). Number of participants sober/stable based on follow-up reporting for sobriety/housing & Self-Sufficiency Matrix (SSOM) Scores under Substance Abuse and Housing Domains.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Participants are diverted by local courts to The Salvation Army recovery programs and not jail. Eventual decrease in arrest rate.	Number diverted is tracked by court orders. Number who complete and don't complete.
<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 checked="" type="checkbox"/> Other (Please describe): Stable Housing Destination	Participants exit to one of the following stable housing situations: sober living house (transitional housing), return to friends or family/family reunification (permanent housing), obtain housing with at least a one-year lease (permanent housing).	Outcomes will be tracked as exits to destinations in the Homeless Management Information System (HMIS) by case managers.

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:	766,500	56.4%	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:	383,250	28.2%	Yes
5. Other:	208,650	15.4%	No
TOTAL	1,358,400	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

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 The Salvation Army Sarasota Area Command - Residential
 4 Substance Abuse Recovery and Treatment Services;
 5 providing an appropriation; providing an effective
 6 date.

7
 8 Be It Enacted by the Legislature of the State of Florida:

9
 10 Section 1. The Salvation Army Sarasota Area Command -
 11 Residential Substance Abuse Recovery and Treatment Services is
 12 an Appropriations Project as defined in The Rules of The Florida
 13 House of Representatives and is described in Appropriations
 14 Project Request 51, herein incorporated by reference.

15 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 16 of \$766,500 from the General Revenue Fund is appropriated to the
 17 Department of Children and Families to fund The Salvation Army
 18 Sarasota Area Command - Residential Substance Abuse Recovery and
 19 Treatment Services as described in Appropriations Project
 20 Request 51.

21 Section 3. This act shall take effect July 1, 2018.

Florida Department of
Veterans' Affairs



FLORIDA DEPARTMENT OF VETERANS' AFFAIRS

Honoring those who served U.S.

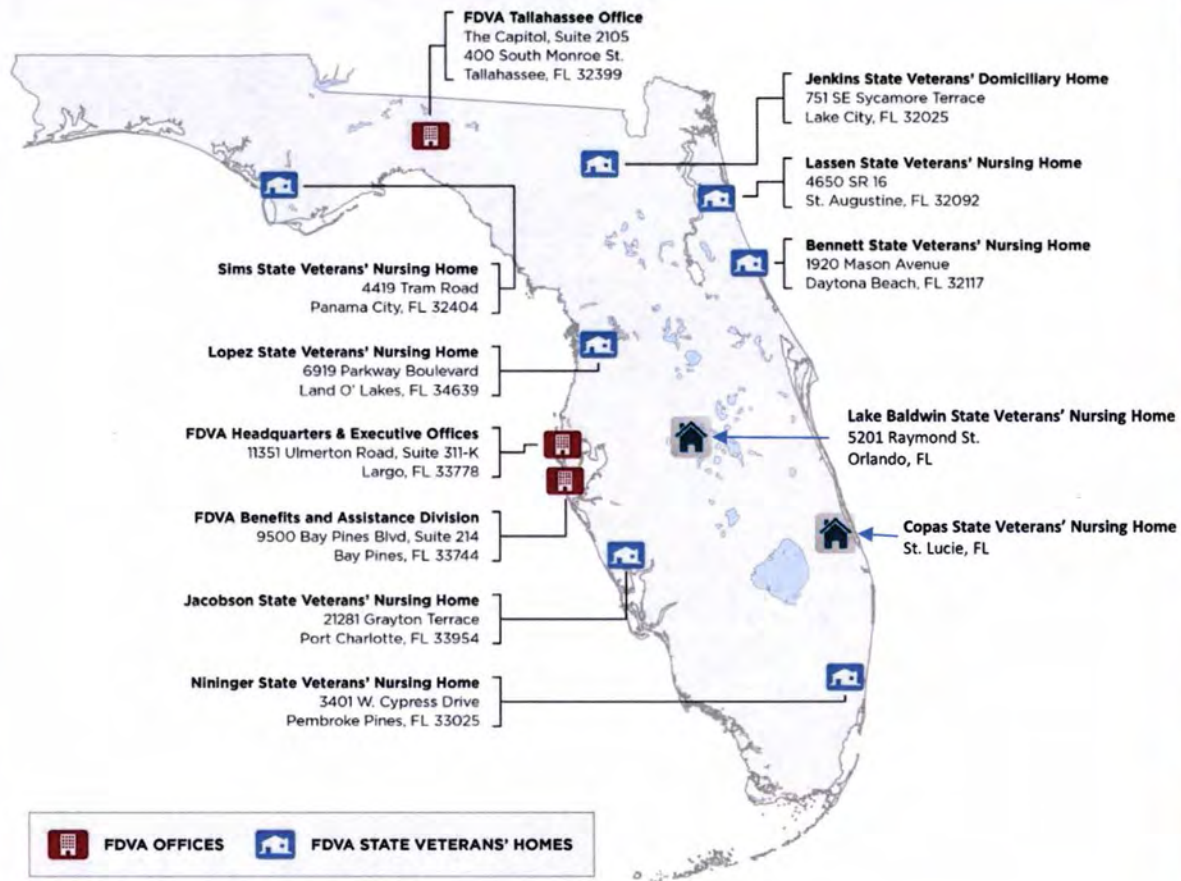
Update: State Veterans' Homes Program
Presentation to: Health Care Appropriations Subcommittee
November 8, 2017

Lieutenant Colonel (Retired) Glenn W. Sutphin, Jr., Executive Director

Today's Presentation

- **State Veterans' Nursing Home Program**
 - **Overview**
 - **Success Stories**
 - ***Update: State Veterans' Nursing Home Building Process***
 - **CIP and Budget**
- **Questions**

FDVA Footprint



-  **FDVA OFFICES**
-  **FDVA STATE VETERANS' HOMES**
-  **FUTURE STATE VETERANS' HOMES**





FLORIDA DEPARTMENT OF VETERANS' AFFAIRS

Honoring those who served U.S.

State Veterans' Nursing Home Success Stories

Total Nursing Homes with 5 Star Ratings

- **All Six FDVA Nursing Homes**

- Alexander Nininger State Veterans' Nursing Home
- Chester C. Sims State Veterans' Nursing Home
- Douglas T. Jacobson State Veterans' Nursing Home
- Clyde E. Lassen State Veterans' Nursing Home
- Baldomero Lopez State Veterans' Nursing Home
- Emory Bennett State Veterans' Nursing Home

(Jenkins Domiciliary is ineligible for award - - Award is for skilled nursing facilities only)

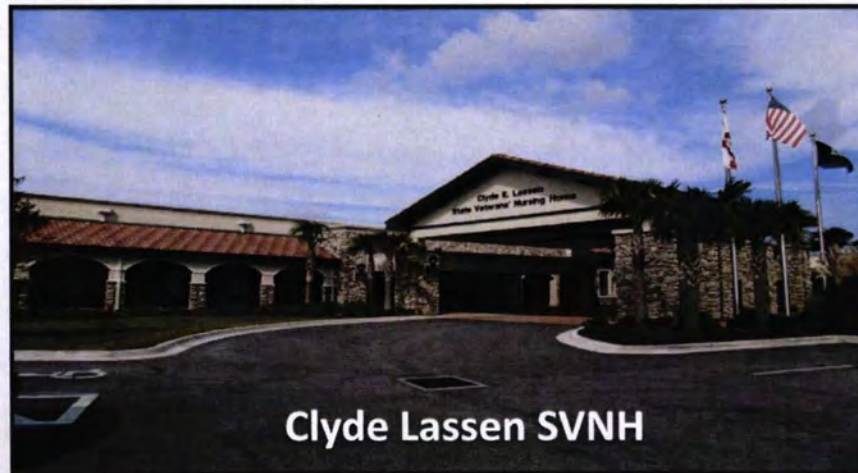
5-Star Nursing Homes



Sandy Nininger SVNH



Clifford Sims SVNH



Clyde Lassen SVNH

5-Star Nursing Homes



Douglas Jacobson SVNH



Baldomero Lopez SVNH



Emory Bennett SVNH

Capital Improvements Plan (CIP) Overview State Veterans' Home

- The Capital Improvements Plan is necessary to properly maintain the buildings and systems of the seven (7) State Veterans' Homes.
- It encompasses on-going activities to identify, prevent, and correct conditions that, if left untreated, result in a reduction or elimination of serviceable structure and component systems.
- The CIP implemented by our Department is designed to extend the service life of the State Veterans' Homes while maintaining an appropriate and safe environment for the aging veterans residing in our facilities.

FY 2017-18 Capital Improvements Plan (CIP) Update State Veterans' Home

Funding - Operations and Maintenance Trust Fund

State Veterans' Home	Age	# of Beds	Completed	In-Progress	Planned	Total	Major Repair and Maintenance Projects
Robert Jenkins - Lake City	27.5	150	\$ 7,643	\$ 177,565	\$ 565,976	\$ 751,184	- Expansion of Dining Room, Resealing of Parking Lot, Exterior Rooms
Emory Bennett – Daytona Beach	23.9	120	\$ 400,997	\$ 70,509	\$ 383,206	\$ 854,712	- Roof Repair and Drainage, Interior Painting, Upgrade of Security Lights
Baldomero Lopez - Land O' Lakes	18.6	120	\$ 33,244	\$ 436,470	\$ 193,709	\$ 663,423	- Air Handlers & Wheel, Renovations
Alexander Nininger - Pembroke Pines	16.4	120	\$ 64,638	\$ 323,980	\$ 72,848	\$ 461,466	- Upgrade of Fire System, Heat Pump
Clifford Sims - Panama City	14.1	120	\$ 4,201	\$ 260,610	\$ 446,235	\$ 711,046	- Nurse Call System
Douglas Jacobson - Port Charlotte	13.8	120	\$ 23,868	\$ 36,346	\$ 343,077	\$ 403,291	- Bathrooms
Clyde Lassen - St. Augustine	7.2	120	\$ 30,887	\$ 43,703	\$ 246,695	\$ 321,285	- Chiller Coils, Gutter
Total			\$ 565,478	\$ 1,349,183	\$ 2,251,746	\$ 4,166,407	

FY 2018-19 Legislative Budget Request Capital Improvements Plan (CIP) State Veterans' Homes

Funding - Operations and Maintenance Trust Fund

State Veterans' Home	CIP Request	Anticipated Major Repair and Maintenance Projects
Robert Jenkins - Lake City	- \$ 400,000	- Interior Paint, Bathrooms, Air Handlers, Pond Filter
Emory Bennett – Daytona Beach	- \$ 255,000	- Room Heat Pumps, Underground Drainage
Baldomero Lopez - Land O' Lakes	- \$ 295,000	- A/C Heat Pumps, Bathrooms, Resealing Parking Lot
Alexander Nininger - Pembroke Pine	- \$ 280,000	- Storage, Low Energy Lighting, Resealing Parking Lot
Clifford Sims - Panama City	- \$ 250,000	- Covered Patio, Air Handlers
Douglas Jacobson - Port Charlotte	- \$ 250,000	- Mechanical System
Clyde Lassen - St. Augustine	- \$ 270,000	- Exterior Paint, Resealing Parking Lot
Total Request	\$ 2,000,000	

Ardie R. Copas SVNH – St. Lucie



114-120 Bed Conventional Nursing Home

Timeline (1 of 3)

- Nov 2011: FDVA applies for four USDVA grants of \$36M to build four **conventional** State Veterans' Nursing Homes (SVNH) in Florida
- June 2012: USDVA published updated Community Living Guidance for new Nursing Home Construction
- Feb 2014: FDVA underwent its legislatively mandate site selection process to select the next SVNH in Florida to be built
- Jul 2014: **Legislature approves initial funding for design/build of SVNH #7 and design meetings begin**
- Aug 2014: **Governor and Cabinet approved Port St. Lucie as the next location for SVNH #7 (Ardie R. Copas SVNH)**
- Dec 2015: Secretary USDVA approves conditional grant for Port St. Lucie Home

Timeline (2 of 3)

- Mar 2016: Letter to VA Secretary requesting relief/waiver for CLC requirements
- Feb 2017: 2017 VA Funding Priority list released by USDVA giving FDVA conditional approval for St. Lucie SVNH
- Apr 2017: USDVA approves States to build State Veterans' Nursing Homes to state specifications.
 - FDVA resubmits revised grant to USDVA for conventional State Veterans Nursing Home
- Jun 2017: **Legislature approves \$58.4M (65%/35% Matching Funds) funding authority to design and construct the St. Lucie SVNH**
 - FDVA sends revised conventional design construction proposal to USDVA Construction Office for approval (35% design)

Timeline (3 of 3)

- Jul 2017: RLF Architects approved to continue design process.
- Aug 2017: Berm Wall Memorandum of Agreement drafted and submitted to City of Port St. Lucie (St Lucie requires berm wall between residential and commercial properties)
- Sep 2017: FDVA receives USDVA conditional approval of revised grant application for St. Lucie SVNH
- Nov 2017: Schematic Design Charrette Meetings with The Project Team (DMS/FDVA/RLF Architects/OHL Arellano Construction)
- Mar 2018: Groundbreaking (Tentative) with opening approx. 18 months after construction begins

Way Ahead

- Meet with Port St. Lucie authorities on waiving or reducing utility impact fees, permitting fees, grants, and related costs
- Evaluate additional cost savings options
- Coordinate groundbreaking with State Capitol and City of Port St. Lucie

Lake Baldwin Community Living Center



Lake Baldwin Community Living Center Property Overview

Community Living Center:

Year Opened	1999
Floors	1
Gross Area	74,508 SF
Living Area	60,388 SF
# of Beds	118
Exterior Wall	Common Brick
Interior Wall	Drywall

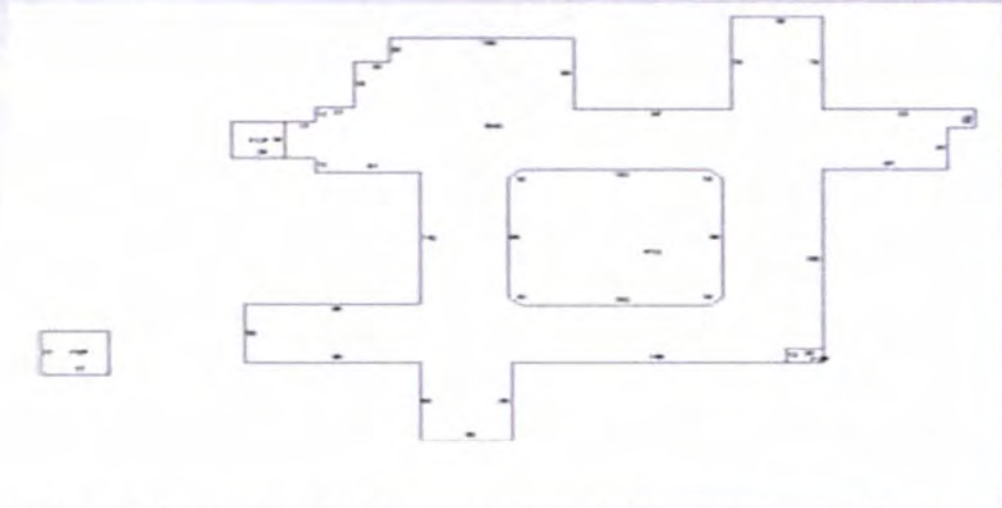
Address: 5201 Raymond Street
Orlando, FL 32814

County: Orange County

Municipality: Orlando

Description of Property:

Entire VA Complex consists of 44.34 acres and approximately 22 buildings, the tallest being a 5 story structure. Although the dates appear to be erroneous, according to the Orange County Property Appraiser website, the oldest structures were built in 1975; several have been added since that date. Records indicate that there are 955 parking spaces around the complex.



Timeline (1 of 2)

- Sep 2012: FDVA proposes procurement of Lake Baldwin Nursing Facility to Cabinet
- Sep 2014: USDVA announces delay of Lake Nona VA Hospital and Community Living Center construction delays (Lake Baldwin facility still in use)
- Feb 2016: Congressman Mica introduces Bill (H.R. 4056) to transfer Lake Baldwin CLC to State of Florida
- Feb 2017: LBR submission for \$8.6M (65%/35% Matching Funds) to renovate Lake Baldwin to State Veterans' Nursing Home
- Jun 2017: **Legislature approves \$8.6M (65%/35% Matching Funds) funding authority to transition and renovate Lake Baldwin**
- Jun 2017: FDVA/USDVA/DMS facility Transition Meeting

Timeline (2 of 2)

- Jul 2017: DMS completes Architecture - Engineering Assessment Study of Lake Baldwin Property
 - Client Service Agreement between FDVA and DMS completed
 - DMS completes Architecture - Engineering Assessment Study of Lake Baldwin Property
- Sep 2017: DMS procurement of Architecture & Engineering contractor and Construction Management Company
- Oct 2017: *Hurricane delays*
- Nov 2017: Architect and Construction Company interviews and selection
- May 2018: Groundbreaking (Tentative)