

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: City of Gainesville Mental Health and Substance Abuse Central Receiving System of Care

2. Date of Submission: 11/13/2019

3. House Member Sponsor: Clovis Watson

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 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	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:					250,000	250,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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.

Return of funds if construction in not contracted and initiated within 12 months of the appropriation fiscal year.

6. Requester:

- a. Name: Lauren Poe
- b. Organization: Gainesville City Commission
- c. Email: harringtontj@cityofgainesville.org
- d. Phone #: (352)318-6370

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

- a. Name: Don Savoie
- b. Organization: Meridian Behavioral Health, Inc
- c. Email: don_savoie@MBHCI.org
- d. Phone #: (352)213-6799

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

- a. Name: Angela Drzewiecki
- b. Firm: Peebles, Smith & Matthews
- c. Email: angela@psmfl.net
- d. Phone #: (850)681-7383

9. Organization or Name of entity receiving funds:

- a. Name: Meridian Behavioral Health, Inc
- b. County (County where funds are to be expended): Alachua
- c. Service Area (Counties being served by the service(s) provided with funding): Alachua, Bradford, Dixie, Gilchrist, Levy, Putnam

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?

A new Central Receiving Facility for those Baker Acted would enhance access to timely, crisis, mental health and substance use disorder services, all of which do not currently exist in a coordinated manner within the current framework of services provided in the greater Gainesville - North Central Florida region that includes five other counties.

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	Costs for expanding the existing Meridian facility to build a new mental health central space as the area's new central receiving system (which currently does not exist) to include general contractor, architectural/engineering, furniture,	250,000

	security/IT data infrastructure and equipment, and impact fees.	
TOTAL		250,000

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:

This request is consistent with a legislative priority established in 2016, SB 12, which described a Central Receiving Facility as a component of a coordinated system to address mental health issues in a community. Care coordination has further been a priority for DCF in order to reduce repeated crisis placements. The City held a General Policy Committee meeting on 10/24/2019 to discuss this item and supports Meridian in their 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 City of Gainesville Policy Program managed by the City's Clerk of the Commission issued a Preliminary Research and Analysis Report on July 11, 2019 that provided the history of Florida's more recent legislative approach toward mental health and also found other various

jurisdictions across the state that have begun incorporating central receiving facilities into their continuum of care. The analysis confirmed that the organization is already in place for such a new system to be created.

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?

Provide a single drop-off location for those Baker Acted with law enforcement. Provide a walk-in for emergency treatment. Reduce the burden of indigent care on local Emergency Departments. Promote increased collaboration with specialized treatment.

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

The new central receiving facility will provide medical screening for any necessary emergency treatment, evaluation for specific detox or other in-patient or out-patient services, crisis counseling, medication, referrals for other services, and peer support.

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	Major reduction of current disjointed care with new streamlined continuity of care at one location, thereafter eliminating unnecessary and inefficient bouncing back and forth in between different systems.	Patient ease of documented care where an individual has access to four different points of coordinated care at the same facility (medical screening, evaluation, crisis services/counseling/medication, and peer support) in contrast to the current fragmented systems in place.
<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	The ability to better manage and divert individuals to out-patient treatment providers as appropriate which does not occur in the current model.	Significantly enhanced coordination and communication systematized are would have access to all of the levels of modalities of treatment available within the community.
<input checked="" type="checkbox"/> Reduce substance abuse	The missing piece in the region's mental health care landscape is a receiving facility for those with substance abuse disorders with serious psychiatric conditions.	Patient ease of documented care where an individual has access to four different points of coordinated care at the same facility (medical screening, evaluation, crisis services/counseling/medication, and peer support) in contrast to the current fragmented systems in place.
<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 2020-21 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:	250,000	50.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	250,000	50.0%	Yes
5. Other:	0	0.0%	No
TOTAL	500,000	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 2020-21 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