

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Hillsborough County Baker Act Bed Funding
2. Date of Submission: 11/06/2019
3. House Member Sponsor: Jackie Toledo
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? 2019-20
- 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 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:		1,000,000	1,000,000		1,596,331	1,596,331

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? 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.

Performance measures utilized are readmission rates, average length of stay, number served, number of bed days utilized and cost per bed day.

6. Requester:

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

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

- a. Name: Elaine Churton
- b. Organization: Northside Mental Health Center
- c. Email: elainechurton@northsidemh.org
- d. Phone #: (813)239-8083

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

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

9. Organization or Name of entity receiving funds:

- a. Name: Central Florida Behavioral Health Network (CFBHN Managing En
- b. County (County where funds are to be expended): Hillsborough
- c. Service Area (Counties being served by the service(s) provided with funding): Hillsborough

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?

Reducing more costly admissions to state hospital. Allows for immediate CSU admission versus the utilization of Emergency Rooms and Hospital indigent expense. Reduces the use of jails as mental health facilities. Coordination of care upon discharge by Gracepoint supports the statewide system of care by managing re-entry and follow-up services designed to reduce recidivism rates.

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	Salary and benefit cost of direct service personnel required to staff the 13 indigent CSU beds. Includes Behavioral Health Tech, Nursing and Psychiatrist services as required by statute.	1,347,782
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Supplies, Facility Insurance, Meals, Medications, Pharmacy	248,549
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,596,331

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:

Department of Health Care Services for Hillsborough County. - Letter of Support
Central Florida Behavioral Health Network. - Letter of Support

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:

DCF has identified the following as State wide Baker Act need: Statewide, 717 Baker Act beds are needed to meet the standard of 1 bed per 10,000 population. To ensure access to crisis service and maintain the current proportion of state funded beds, funding for an additional 351 Baker Act beds is justified. In Hillsborough County with the population exceeding 1.3 million, the standard of 1 bed per 10,000 residents indicates a need of 130 beds. Currently only 37 recurring CSU beds are funded

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

The funds will support a total of 13 additional Indigent Baker Act beds which were cut from Hillsborough County in recent legislative session. The need for these beds are overwhelming . While currently funded for only 27 indigent Baker Act beds, Gracepoint provided a daily average of 35.48 uninsured beds this year. Additionally, Northside provided an average of 3 beds a day which were reimbursed while being unable to accept an average of another 4 indigent bed requests from local hospitals.

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

The restoration of the funding for these 13 indigent Baker Act beds will create capacity for a annual total of 4,745 bed days, serving an estimated 1,581 patients.

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	Reducing more costly admissions to state hospital. Allows for immediate CSU admission versus the utilization of Emergency Rooms and LIP dollars. Reduces the use of jails as mental health facilities. Coordination of care upon discharge by Gracepoint and Northside supports the statewide system of care by managing re-entry and follow-up services designed to reduce recidivism rates.	Performance measures utilized are readmission rates, average length of stay, number served, number of bed days utilized and cost per bed day.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		

<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 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:	1,596,331	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d,	0	0.0%	No

Column F)			
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	1,596,331	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