

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: The Guidance Care Center - Monroe County Baker Act Receiving Facility Upgrades

2. Date of Submission: 11/08/2019

3. House Member Sponsor: Ana Rodriguez

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:					500,000	500,000

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? No

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Denial of funding for any upgrades not completed.

6. Requester:

- a. Name: Lisa Tennyson
- b. Organization: Monroe County Board of County Commissioners
- c. Email: tennyson-lisa@monroecounty-fl.gov
- d. Phone #: (305)292-4444

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

- a. Name: Maureen Dunleavy
- b. Organization: Guidance Care Center - Crisis Stabilization Unit/Monroe County Baker Act Receiving Facility
- c. Email: maureen.dunleavy@westcare.com
- d. Phone #: (305)896-5964

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

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

9. Organization or Name of entity receiving funds:

- a. Name: Guidance Care Center-Crisis Stabilization Unit/Monroe County
- b. County (County where funds are to be expended): Monroe
- c. Service Area (Counties being served by the service(s) provided with funding): Monroe

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?

Monroe County's Baker Act public receiving facility is required to provide psychiatric care for persons with acute mental illness 24 hrs day/7 days/week. It must accept any person brought by law enforcement for involuntary examination. It must be capable of safely managing the conditions of persons who are a danger to themselves or others. The facility is dated, and requires modernized security upgrades to safely care for the increasing severity of illness/violence among a higher # of clients.

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	Facility and security upgrades including secure nurses' station, security doors, seclusion room security, panic buttons, security cameras, hurricane windows, elevator upgrade, repair of concrete	500,000

	spalling.	
TOTAL		500,000

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:

Monroe County Board of County Commissioners has included this request among its 2020 legislative priorities, which were discussed and approved at public county commission meetings.

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 purpose of the funds is to improve our Public Receiving Facility's ability to safely manage the care of persons experiencing acute/emergency mental health and substance use disorder (approximately 650 individuals annually). Most of these individuals are brought to our facility involuntarily by law enforcement.

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

The funds will be used for making badly needed security upgrades to the facility (more secure nurses' station, panic buttons, security doors, security cameras, etc.) that will vastly improve the safety of the patients, the staff and law enforcement, and the quality of overall service provision to clients and community.

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	The facility provides on-site emergency psychiatric care 24 hrs/day, 7 day/wk, 365 days/ year. It has 11 emergency psychiatric beds. 100% of persons brought in for emergency psychiatric care involuntarily by law enforcement under Baker Act (acute mental illness or is a harm to self or others or substance abuse disorder) will be admitted for psychiatric evaluation, stabilization, and treatment. 100% of persons seeking voluntary admission shall receive a psychiatric evaluation on same day	DCF requires accountability and performance measure reporting on all aspects of service provision: contract compliance, performance management, quality of care, care coordination, operational oversight, cost effectiveness, data collection/analysis, and financial accountability.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	The Facility provides in-house care for persons exhibiting acute/emergency mental illness or substance abuse disorder. Persons	DCF requires accountability and performance measure reporting on all aspects of service provision: contract compliance, performance

	suffering from these conditions can be a danger to themselves and others. The Facility's services protect those persons as well as the public.	management, quality of care, care coordination, operational oversight, cost effectiveness, data collection/analysis, and financial accountability.
<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:	500,000	66.7%	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	33.3%	Yes
5. Other:	0	0.0%	No
TOTAL	750,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?
No