

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Devereux Advanced Behavioral Health Dual Diagnosis Services: Mental Health and Intellectual/Developmental Disabilities

2. Date of Submission: 11/12/2019

3. House Member Sponsor: Rene Plasencia

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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					666,713	666,713

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? Agency for Persons with Disabilities

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.

Performance metrics and evaluation are currently in place, any penalty measures are welcomed if metrics and objectives are not met.

6. Requester:

- a. Name: Lindsey Philips
- b. Organization: Devereux Advanced Behavioral Health Florida
- c. Email: lindsey.philips@devereux.org
- d. Phone #: (407)421-0867

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

- a. Name: Lindsey Philips
- b. Organization: Devereux Advanced Behavioral Health Florida
- c. Email: lindsey.philips@devereux.org
- d. Phone #: (407)421-0867

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

- a. Name: Chris Carmody
- b. Firm: Gray - Robinson
- c. Email: chris.carmody@gray-robinson.com
- d. Phone #: (352)514-2196

9. Organization or Name of entity receiving funds:

- a. Name: Devereux Advanced Behavioral Health Florida
- b. County (County where funds are to be expended): Orange
- c. Service Area (Counties being served by the service(s) provided with funding): Orange, Osceola, Seminole

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?

This funding will provide resources needed to prevent the need for hospitalization or more costly services and will provide critical therapeutic support for individuals with a combination of mental health disorders combined with intellectual and developmental disabilities. The funds made available from this request will provide resources needed to support individuals in their current placements, train and support caregivers, and reduce the expenditure of more costly services.

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 checked="" type="checkbox"/> b. Other Salary and Benefits	10% administrative overhead to include administrative support, human resources, quality management, risk management, information technology, finance and payroll, communications, training and development	63,156
<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	Behaviorally trained on-call clinicians, portion of clinical coordinator and portion of program manager, training and outreach support position	446,771
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Occupancy, telephones, data lines, equipment rental maintenance, office	105,918

	supplies, travel, training materials and supplies	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Board Certified Behavior Analyst, independent outcome study	50,868
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		666,713

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:

Yes, support for this project is documented in letters of support from behavioral healthcare provider organizations and healthcare systems, as well as direct consumer 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:

Yes, the need for preventative and innovative services are for individuals with co-occurring mental health disorder and developmental disabilities through redesign analysis for those served through the Agency for Persons with Disabilities and through documented need as stated by Disability Rights Florida and Florida Association of Rehabilitation Facilities.

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?

Treatment for individuals with Autism and related disorders requires care delivered by expert clinicians formally trained to deliver treatment based on behavioral principles. Services delivered through this project will include immediate access to specialized care, delivered on-site in the community where an individual may reside, attend school, work, or engage in community activities.

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

To address critical situations – (a) provide timely, quality behavioral health crisis interventions/assessments, 24 hours a day, in the least restrictive environment; by expertly trained professionals focused on rapid crisis de-escalation and resolution in collaboration with families; (b) facilitate support through case plan development and linking family with support services and resources (c) training for parents/caregivers/professionals, such as school and medical staff.

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 intended benefit of this project is to reduce incidents resulting in self-injurious physical harm and harm to others, while also minimizing hospitalizations and the need for more costly services.	The performance of this project will be measured by the provision of highly specialized services that result in crisis de-escalation and placement stabilization as well as the number of individuals served, and the frequency of services and support provide to the community.
<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:	666,713	91.6%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	61,000	8.4%	Yes
<b>TOTAL</b>	<b>727,713</b>	<b>100%</b>	

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

No