

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Jerome Golden Center Level II Residential Co-Occurring Disorder Unit
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Joseph Abruzzo  
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 <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	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:		500,000	500,000		835,000	835,000

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? 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.  
Payment may be withheld until services are provided.

6. Requester:

- a. Name: Linda De Piano
- b. Organization: Jerome Golden Center for Behavioral Health Inc.
- c. Email: ldepiano@goldenctr.org
- d. Phone #: (561)383-5711

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

- a. Name: Alan Heide
- b. Organization: Jerome Golden Center for Behavioral Health Inc.
- c. Email: aheide@goldenct.org
- d. Phone #: (561)383-5736

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: Jerome Golden Center for Behavioral Health Inc.
- b. County (County where funds are to be expended): Palm Beach
- c. Service Area (Counties being served by the service(s) provided with funding): Indian River, Martin, Palm Beach, St. Lucie

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 is for individuals who have concurrent psychiatric and addiction diagnoses where both disorders are primary and treated simultaneously. Some of these individuals will be Opioid users and the program will contribute to alleviating the Opioid crisis. The purpose of the program is for these individuals to become returning members of society rather than clogging Florida jails, courts, hospital emergency rooms, psychiatric hospitals and the State Hospital.

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	Indirect cost, Administration, HR, Finance	43,780
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Maintenance, IT Services	6,729
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	1 Manager, 2 Therapists, 1 LPN, 12 Mental Health Techs, 1 Substance Abuse Counselor/Case Manager	638,306
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Food, Treatment Supplies, Medication	146,185
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>835,000</b>

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:

Letter of Support from: Palm Beach County Fifteenth Judicial Circuit Court, The National Alliance of Mental Illness (NAMI), Southeast Florida Behavioral Health Network, Human Services Coalition of Palm Beach County

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:

Mental Health Association "OK To Talk" process identified this as a need in 2015, The Grand Jury of Palm Beach County relating to the Sober Home/Opioid Crisis identified the need for more licensed treatment programs 2016/2017, Opioid Crisis: Palm Beach County's Response 2/20/17 Report, Behavioral Health Needs Assessment 2017 Southeast Florida Behavioral Health Network

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?

These funds will be used (\$835,000 State Share and \$200,000 other fund sources) to provide 16 Level II Residential beds for individuals with concurrent psychiatric and addiction diagnoses. Some of these individuals will be Opioid users. This is an increase in the current number of beds from 12 to 16.

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

Therapeutic/educational groups, individual therapy, medication management, trauma therapy are all designed to enhance residents communication and coping skills, develop a relapse prevention plan, and strengthen the daily living skills necessary for their successful functioning in the 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	Percentage of adults who are not hospitalized in a psychiatric unit within 180 days from a successful discharge.	Data is gathered through follow-up calls designed to provide after-care follow-up and support.
<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	Percentage change in clients who are employed from admission to discharge will be at least 30%. All individuals who do not have benefits will be offered the opportunity to apply with SOAR if applicable.	Data is gathered at discharge including: employment, benefits applied for, and approval rates.
<input checked="" type="checkbox"/> Reduce recidivism	Percentage of clients who are re-arrested for drug related offenses after six months of discharge from program will be no more than 10%.	Review recidivism rates through follow-up interview for after-care follow-up and support.

<input checked="" type="checkbox"/> Reduce substance abuse	Percentage of clients who relapse with substance use after 180 days of discharge from program will be no more than 50 percent.	Review relapse rates through after-care follow-ups conducted quarterly.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Percentage of clients who are not arrested, convicted, and/or incarcerated within 180 days from a successful discharge is no more than 10%.	Review incarceration rates through follow-up interview for after-care on a quarterly basis. Review online booking blotter.
<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): Housing/Homelessness	All individuals will be discharged to stable housing or residential programs.	Data will be collected at time of discharge.

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:	835,000	80.7%	N/A
2. Federal:	100,000	9.7%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No

4. Local:	75,000	7.2%	Yes
5. Other:	25,000	2.4%	No
TOTAL	1,035,000	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