

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: IMPOWER - Virtual Crisis Response Team

2. Date of Submission: 11/13/2017

3. House Member Sponsor: Rene Plasencia

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- 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
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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	Column: B	Column: C	Column: D	Column: E	Column: 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:					703,824	703,824

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.

Corrective Action Plan up to non-renewal of funding

6. Requester:

- a. Name: Anna Baznik
- b. Organization: IMPOWER
- c. Email: abaznik@impowerfl.org
- d. Phone #: (407)491-0965

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

- a. Name: Laura Higginbotham
- b. Organization: IMPOWER
- c. Email: lhigginbotham@impowerfl.org
- d. Phone #: (407)319-8498

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: IMPOWER
- b. County (County where funds are to be expended): Orange, Osceola, Seminole
- 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?

The Virtual Crisis Response Team's purpose is to provide the Central Florida community with immediate access to a virtual team of qualified mental health professionals available 24 hours a day to assist those individuals or families experiencing a crisis and provide timely access to services. The project is designed to achieve stabilization while diffusing the current crisis, reducing the need crisis hospitalizations and need for law enforcement response/arrests and placement stabilization.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	CEO salary and benefits portion of expense based on indirect cost methodology	10,416
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Administrative staff salary portion based on indirect cost methodology. Include AR, AP, HR and IT	36,931
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Travel - \$1004, Supplies \$473, Other Expense \$15,158	16,635
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Clinical Director- 8 Hours of clinical oversight of services, VCRT Clinical Supervisor to manage VCRT program, Case Manager \$32500 per FTE (3 FTE's), Clinical on call- 2 clinicians/day, on call 24/7 for service delivery, clinical follow up services to all individuals service employee	504,326

	benefits.	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Office supplies, computer expenses for 4 laptops, communication to include 4 staff cellphones, postage, staff travel, staff development & Training, employee hiring expenses, insurance	31,516
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Psychiatric Provider - Independent Contractor to Provide, Psychiatric consult, evaluation and on-call	104,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		703,824

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:

11/2/17 Support Letter Florida Coalition for Children - Kurt Kelly, 11/3/2017- Support Letter Orange County Government- Donna Wyche, Florida Hospital, Central Florida Cares, Sunshine Health, Wellcare, Magellan, Homeless Services Network, The Haven.

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:

Please see 2 studies attached completed by an independent 3rd party. The University of North Florida conducted a study titled Tele Mental Health Services, completed by Cynthia William, Ph D with the purpose of assessing quality of services, access to care and medication adherence. In addition, a Telehealth outcome study was conducted by IMPOWER at the request of the Florida Board of Medicine, the findings resulted in IMPOWER being the only agency granted psychotropic prescribing privileges.

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 Virtual Crisis Response Services that will be available under this funding include mental health risk assessment, virtual crisis counseling (individual or family), psychiatric consultation as indicated, referral and linkage to community supports, access to ongoing services with IMPOWER (if eligible), case management services and aftercare services. Every individual served will receive aftercare services including an aftercare counseling session, service plan and case management services

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

Virtual Crisis Response Services to be provided under this project will be available to all Central Florida individuals, children and adults in Orange, Osceola and Seminole Counties. Direct services would include risk assessment, virtual crisis counseling (individual or family), psychiatric consultation as indicated, referral and linkage to community supports, access to ongoing services with IMPOWER (if eligible), case management and after care services.

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): Clients in Central Florida

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	50% of Individuals served under this project will have immediate access to a mental health professional within 30 minutes to assist with stabilization during a crisis event	Data will be tracked on all individuals receiving a crisis response and number that are stabilized during the event.
<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	50% of Individuals served by the Virtual Crisis Team during a crisis event will be stabilized and will show a decrease in the need for a crisis hospitalization	Data will be tracked on all individuals receiving a crisis response and those that require a crisis hospitalization
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	50% of Individuals served by the Virtual Crisis Team during a crisis event will be stabilized and diverted from requiring a law enforcement response or arrest	Data will be tracked for all individuals receiving a crisis response and those that require law enforcement involvement and/or an arrest
<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 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:	703,824	87.9%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	92,111	11.5%	Yes
4. Local:	5,125	0.6%	Yes
5. Other:	0	0.0%	No
TOTAL	801,060	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