

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: LifeStream Behavioral Health Center, Inc. - Crisis Stabilization Beds in South Lake and Sumter Counties

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Larry Metz

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>	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:		1,123,634	1,123,634		1,123,634	1,123,634

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.

If Lifestream is not meeting the deliverables or performance measures provided for in the contract, then the State should cancel the contact for those services.

6. Requester:

- a. Name: Jon Cherry
- b. Organization: LifeStream Behavioral Center, Inc.
- c. Email: jcherry@lsbc.net
- d. Phone #: (352)315-7506

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

- a. Name: Jon Cherry
- b. Organization: LifeStream Behavioral Center, Inc.
- c. Email: jcherry@lsbc.net
- d. Phone #: (352)315-7506

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

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

9. Organization or Name of entity receiving funds:

- a. Name: LifeStream Behavioral Center, Inc.
- b. County (County where funds are to be expended): Lake, Sumter
- c. Service Area (Counties being served by the service(s) provided with funding): Hernando, Lake, Sumter

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 allocation will support the operation of 10 indigent adult Baker Act Beds for Lake and Sumter Counties. LifeStream's adult Baker Act system consists of 51 psychiatric beds, which have an average indigent Baker Act census of 18 beds per day. The State funds 8 of the 18 beds occupied by indigent Baker Act patients. The purpose of this funding will assure indigent care is available to individuals who are placed under the Baker Act in the only Baker Act receiving facilities in our area.

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	Pro-rated portion of Project Head salary and benefits	3,562
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Pro-rated portion of administrative staff salaries (i.e. Human Resources, Fiscal, QI, etc.)	62,836
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Pro-rated portion of office equipment and supplies of administrative units. Also includes travel for these staff.	31,310
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Pro-rated portion of the costs of the Quality Improvement and compliance unit and pro-rated legal and account expenses.	4,442
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Pro-rated portion of program staff salaries and benefits.	799,858

<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Pro-rated portion of program staff equipment and supplies. Also includes travel for these staff.	206,922
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Pro-rated portion of subcontracted medical support personnel, and the pro-rated cost of electronic health record and information system.	14,704
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,123,634

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:

The project was presented at the Lake County Legialitve Delegation hearing in August 2017. South Lake Hospital, Lake County and Lake County Sheriff's Department, Sumter County and Sumter County Sheriff's Department, Lake and Sumter County School boards, and the State Attorney's Office have indicated support for this project.

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:

The Florida Department of Children & Families has indicated the need for indigent Baker Act beds to be 10 beds per 100,000 population. This translates into a need for 46 Baker beds for Lake and Sumter Counties. LifeStream is currently funded to provide 8 indigent adult Baker Act beds for Lake and Sumter counties. Although below the optimum level, the increased capacity will allow indigents to be better served and diverted from emergency rooms and jail/prison for crisis stabilization.

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 requested funds will be used to provide inpatient mental health services to indigent individuals who are experiencing psychiatric crisis and are placed under the Baker Act as a result of being a danger to themselves or others and require involuntary mental health treatment in order to address their mental health crisis situation.

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

The direct services that will be provided include hospital bed, assessment and evaluation, psychiatric care, nursing care, integrated primary care services while hospitalized, therapy and life skills education, medication management, discharge services, care management/coordination and aftercare 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): Utilized for citizens who are determined to be in danger to themselves in accordance with FL statutes

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 checked="" type="checkbox"/> Improve physical health	Individuals' physical health will be addressed while receiving services and appropriate referrals will be made upon discharge.	Individual's health record, referrals made post discharge.
<input checked="" type="checkbox"/> Improve mental health	Individual's mental health will improve as a result of receiving services from LifeStream. Evidence based treatment and assessment will be utilized to demonstrate improved mental health as well as daily functioning.	Assessments, function scales, ability to return 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 checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Expanded capacity will allow law enforcement to spend more time in the community and less time transporting individuals under the Baker Act and reduce inappropriate utilization of the jail/prison system.	Decrease time law enforcement spends in the Baker Act Receiving Facility and transporting the number of jail diversions as a result of increased bed capacity.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Increased bed capacity will provide cost efficient services. Increased capacity will include cost savings to the State as a result of not sending the individual to the State Hospital or inappropriate utilization of emergency rooms or jail/prison for mental health stabilization.	Cost analysis and return on investment.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	The requested funding will increase employment opportunities.	Number of new positions created to appropriately staff the Public Receiving Facilities authorized by DCF.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Individuals who are served by the Indigent Baker Act funding will receive services during and post discharge that address their economic self sufficiency. Stabilization will allow individuals to increase economic stability and live the quality of life they deserve.	Individual's health record, activities provided and level of functioning.

<input checked="" type="checkbox"/> Reduce recidivism	Recidivism will not be directly reduced as a result of this appropriation, but is addressing this issue by implementing care management in partnership with our managing entity.	Number of individuals who return to the hospital after receiving services will be tracked and addressed.
<input checked="" type="checkbox"/> Reduce substance abuse	Other individuals served by the Baker Act suffer from co-occurring disorders of substance use/abuse and mental illness. As a result of increasing bed capacity, these issues will be addressed appropriately through the use of nationally recognized evidence based treatments and assessments. In addition, the individuals served will receive aftercare services to specifically address their substance issues if appropriate.	Random urinalysis and treatment compliance and completion.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	The increased bed capacity will assist law enforcement from utilizing the criminal justice system to address mental health needs.	Increased bed capacity and number of individuals diverted from the criminal 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 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:	1,123,634	75.0%	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:	374,545	25.0%	Yes
5. Other:	0	0.0%	No
TOTAL	1,498,179	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