

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: LifeStream Central Receiving System- Citrus County
2. Date of Submission: 11/07/2019
3. House Member Sponsor: Ralph Massullo
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? 2019-20
- 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 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:		600,000	600,000		750,000	750,000

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? 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 contract for these 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: Gene McGee
- b. Firm: GMA, Inc.
- c. Email: GENE@GMALOBBY.COM
- d. Phone #: (850)661-7110

9. Organization or Name of entity receiving funds:

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

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 funding will be utilized for the first phase of a Citrus County Central Receiving System which will provide a central behavioral health Access Center and emergency service unit. Currently there is no means for citizens to get these essential public safety and quality healthcare services within the county. As the number of individuals needing services increases, it is critical to provide these service.

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	10% OH Allocation Rate. Pro-rated Salaries and Benefits including health insurance, payroll taxes, pension, w/comp insurance and re-employment insurance	2,381
<input checked="" type="checkbox"/> b. Other Salary and Benefits	10% OH Allocation Rate. Pro-rated Admin Salaries and Benefits including health insurance, payroll taxes, pension, w/comp insurance and re-employment insurance	41,938
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	10% OH Allocation Rate. Pro-rated Admin Bldg Occup, Admin Insurance, Admin Licenses & Taxes, and Other Admin Operating Supplies	20,901
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	10% OH Allocation Rate. Pro-rated Audit, Legal, and other Professional Services	2,963
Operational Costs:		

<input checked="" type="checkbox"/> e. Salaries and Benefits	Pro-Rated Direct Program Salaries plus Fringe Benefits at 24.00% including health insurance, payroll taxes, pension, w/comp insurance and re-employment insurance	501,090
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Pro-Rated Direct Program Bldg Occup, Food services, Med & Pharmacy, Insurance, Linens, Consumables, and Other Operating Supplies	162,884
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Pro-Rated Direct Program Interpreting Services and EHR & other IT support services	17,843
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		750,000

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:

The project was presented at the Citrus County Legislative Delegation hearing in September 2019 and was approved to be presented in the next legislative session. Citrus County Board of County Commission, Citrus County School Board, Citrus County Sheriff's Office, Citrus County Chamber of Commerce and the Citrus County Judicial System 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 number of individuals who are under Baker Act or receive involuntary examinations in Citrus County has expanded over the past several years. An estimated 61.7% of adults in Citrus County with mental illness did not receive treatment which is higher than the national average. Suicide counts are higher than homicides in the county. The suicide rate is one of the highest in Florida and overdose rate from drug abuse is higher than in some metropolitan areas. The need is well documented.

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 behavioral health Access Center and emergency services unit will serve as a centralized, efficient system for referring agencies and consumers in crisis to easily access services provided by LifeStream's continuum of care in order to avoid more costly treatment options or over utilization of the emergency rooms and jails to treat behavioral health issues such as mental illness and substance abuse. This intake and referral system will prioritize access to services based on the individual's n

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

The following services will be provided: centralized assessment and evaluation, and referral for psychiatric evaluation, medical history and physical to identify any medical issues that may be contributing towards the psychiatric crisis, medication management for psychiatric and medical issues, psychosocial, educational and occupational therapy groups, medication education groups, brief and intensive stabilization services, nursing assessments, family, group, and individual therapy as needed

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 checked="" type="checkbox"/> Improve physical health	Individual's physical health will be addressed while receiving services and appropriate referrals will be	Individual's health record, referrals made post discharge. Pre and post

	made upon discharge.	physical health status.
<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, 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	Proposed services will promote cost efficiency. 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 program.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Individuals who are served by the funding will receive services during and post discharge that address their economic self sufficiency. Stabilization will allow individual's 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	An efficient and effective evaluation system in Citrus County will help to reduce recidivism into the more costly treatment services.	Number of individuals who return to the crisis stabilization unit after receiving services will be tracked and addressed.
<input checked="" type="checkbox"/> Reduce substance abuse	Often individuals served suffer from co-occurring disorders of substance use/abuse and mental illness. As a result of increasing crisis stabilization services, these issues will be addressed appropriately through the use of nationally recognized evidence based treatment and assessments. In addition, the individuals served will receive aftercare services to specifically address their substance abuse issues if appropriate.	Random urinalysis and treatment compliance and completion.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	The increased service capacity will assist law enforcement from utilizing the criminal justice system to address mental health needs.	Increased service 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 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:	750,000	93.8%	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:	50,000	6.3%	Yes
5. Other:	0	0.0%	No
TOTAL	800,000	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 2020-21 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