

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Hillsborough County Short Term Residential Treatment Facility
2. Date of Submission: 11/15/2019
3. House Member Sponsor: James Grant
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>	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:					3,600,000	3,600,000

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.
CFBHN contract specifies penalties for non-performance

6. Requester:

- a. Name: Gene Earley
- b. Organization: Hillsborough County '
- c. Email: earleyg@hillsboroughcounty.org
- d. Phone #: (813)301-7356

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

- a. Name: Linda McKinnon
- b. Organization: Central FL Behavioral Health Network, Inc.
- c. Email: lmckinnon@cfbhn.org
- d. Phone #: (813)740-4811

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

- a. Name: Jim Taylor
- b. Firm: Hillsborough County
- c. Email: taylorj@hillsboroughcounty.org
- d. Phone #: (813)276-2640

9. Organization or Name of entity receiving funds:

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

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?

Support funding of 30 beds and services for individuals. At present there is no short term residential treatment facility option available in the area for individuals waiting state hospital admission. State hospital bed waits range from 5-32 + weeks depending on gender and level of need. Retaining people in their local community and providing them with necessary treatment will ensure they have the best opportunity to achieve recovery from their illness and resume their lives in the community.

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 type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Total funds will be contracted for the operation of thirty (30) short term residential treatment beds and community based services for post discharge	3,600,000
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		

TOTAL		3,600,000
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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 Managing Entity CFBHN Enhancement Plan and Needs Assessment, local community behavioral health organizations, Hillsborough County Behavioral Health Task Force, Hillsborough County Health Care Advisory Board, local hospitals (Baycare, HCA), Hillsborough County Government (BOCC)

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

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?

Fund short term residential treatment beds for individuals with a primary mental health need with possible co-occurring issues while awaiting placement in a state mental health treatment hospital or being diverted from said placement and receiving treatment in the local community.

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

Residential treatment facilities use medical and clinical procedures for individuals who have mental health and/or co-occurring problems. Facilities provide treatment in a secure environment. Individuals receive individual and group therapy and have access to their outpatient community provider and family members who will ease their transition back into the community when treatment is complete. Funding will provide additional community based services post discharge from the residential treatment

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): individuals (including homeless) with co-occurring mental health and substance abuse issues

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	Will ensure that all eligible individuals are enrolled in the county health plan and ensure they have access to medical services while in treatment and upon discharge. The county will also provide wrap-around services to focus on social determinates.	Enrollment
<input checked="" type="checkbox"/> Improve mental health	Reduce the admission to the state mental health treatment facility by 40% through diversion to the short term residential treatment facility	CFBHN State Data base
<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.)	It acts as harm reduction for individuals that would otherwise go without treatment and possibly become involved in criminal activities	pre and post measure for jail booking data
<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	All individuals receiving services will be assisted in achieving economic self sufficiency	One of the measures for outpatient treatment at the beginning and end is employment status. Another measure is housing status. This will be measured by using state outcomes data as reported to the Managing Entity CFBHN
<input checked="" type="checkbox"/> Reduce recidivism	Readmission rate to local receiving facilities for state hospital discharges will be reduced by services provided directly in the individual's community home base	DCF/CFBHN data collection for contracted services
<input checked="" type="checkbox"/> Reduce substance abuse	The likelihood of someone with a mental health diagnosis also having a substance use disorder, data shows a high correlation.	Track individual outpatient treatment. Use the data to support state measures as reported to the Managing Entity, CFBHN.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Will do a pre and post measure as to number of bookings and days spent in jail per individual in the program.	Jail data is submitted to the Managing Entity daily and is evaluated for the change in pre and post activity to program services. This can also be evaluated in a cost benefit analysis scenario.
<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): Reduce the number of emergency room visits and hospitalization	Number of inpatient hospital bed days pre and post program services	In coordination with the Hillsborough County Healthcare Plan to determine if there was a change in the individuals acute care hospital stays and emergency room visits.

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:	3,600,000	100.0%	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:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	3,600,000	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