

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Easterseals Southwest Florida Mental Wellness for Persons with Developmental Disabilities
2. Date of Submission: 11/15/2019
3. House Member Sponsor: Will Robinson  
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>	<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:					1,728,000	1,728,000

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? Agency for Persons with Disabilities
  - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
  - 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.  
Financial penalties for all deliverables not met

6. Requester:

- a. Name: Tom Waters
- b. Organization: Easterseals Southwest Florida
- c. Email: twaters@easterseals-swfl.org
- d. Phone #: (941)355-7637

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

- a. Name: Jacque Ruch
- b. Organization: Easterseals Southwest Florida
- c. Email: jruch@easterseals-swfl.org
- d. Phone #: (941)355-7637

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

- a. Name: Nicole Graganella
- b. Firm: Colodny
- c. Email: ngraganella@colodnyfass.com
- d. Phone #: (850)577-0398

9. Organization or Name of entity receiving funds:

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

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?

Mental Wellness support programs including education, therapy, social work, case management, and behavioral services for children and adults with autism spectrum disorder and other developmental disabilities. Provide training and technical support to Easterseals staff and other providers that serve persons with developmental disabilities across the state to increase access to mental health services.

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	Clinic Director salary and benefits	130,000
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Therapeutic Crisis Intervention Trainer salary and benefits 3 Board Certified Behavior Analysts salary and benefits 1 Board Certified Behavior Analyst Doctor salary and benefits 6 registered behavioral technicians salary and benefits 4 Licensed Clinical Social Workers salary and benefits 3 Speech Language Pathologists 3 Case Managers	1,300,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	14 days of training across agency	258,000

	Technology needs for staff data	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Head Start Trauma Smart Consultant	40,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,728,000

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?

No

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?

Behavioral, social work, therapy, and case management services for persons with Autism Spectrum Disorder (ASD) and other developmental disabilities (DD). Statewide technical support surrounding best practice will be delivered to other DD and ASD service

providers throughout the state. Easterseals staff will receive comprehensive training in therapeutic crisis intervention and head start trauma smart.

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

Case management, social work, behavioral services, and therapy will be provided to children and adults with developmental disabilities.

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

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	Mental health has a direct impact on physical wellness. Reduction in adverse childhood experiences reduces rates of cancer and heart disease in adult hood.	Measurements of improved sense of wellness and reduction of symptoms, based on patient report.
<input checked="" type="checkbox"/> Improve mental health	Improved sense of wellness, reduction in symptoms of mental illness.	Measurement of improved sense of wellness and reduction of symptoms, based on patient report.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	provided behavior and mental health services for those with developmental disabilities across birth through senior citizen educational settings including early childhood education, K-12th grade, and adult post secondary day training.	Measurement of percentage of goals achieved.
<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 type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile 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:	1,728,000	16.1%	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:	8,992,000	83.9%	No
TOTAL	10,720,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No