

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Transitional Crisis Services - Mental Health & Substance Abuse
2. Date of Submission: 11/12/2019
3. House Member Sponsor: Rene Plasencia
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: | | | | | 800,000 | 800,000 |

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.

Suggested penalties will be those outlined in the executed contract. We do not anticipate this to be an issue as we fully expect to be able to meet contract performance measures.

6. Requester:

- a. Name: Babette Hankey
- b. Organization: Aspire Health Partners
- c. Email: babette.hankey@aspireHP.org
- d. Phone #: (407)875-3700

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

- a. Name: Babette Hankey
- b. Organization: Aspire Health Partners
- c. Email: babette.hankey@aspireHP.org
- d. Phone #: (407)875-3700

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

- a. Name: Tanya Jackson
- b. Firm: PinPoint Results LLC
- c. Email: tanya@pinpointresults.com
- d. Phone #: (850)445-0107

9. Organization or Name of entity receiving funds:

- a. Name: Aspire Health Partners
- b. County (County where funds are to be expended): Brevard, Lake, Orange, Osceola, Seminole
- c. Service Area (Counties being served by the service(s) provided with funding): Brevard, Lake, 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?

Aspire Health Partners will provide safe, sober, transitional services, supportive housing, assessment, case mgt, outpatient, assisted outpatient and overlay behavioral health services for individuals stepping-down from acute care mental health and substance abuse services. Benefit is to provide safe, sober, stabilizing services to promote recovery, reduce relapse, acute care readmissions and increase functionality among individuals with mental health and substance use disorders.

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 checked="" type="checkbox"/> b. Other Salary and Benefits | 10% of Direct Costs, includes prorated amount of Agency Exec Staff, HR, Accounting, Quality Mgmt., Payroll, etc., and related Fringe | 80,000 |
| <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 | Program Director and 24/7 staff supervision, case manager and outpatient services available. | 520,000 |
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | Occupancy costs, Supplies, Property and Liability Insurance, Local Travel, Food – One prepared meal per day included, IT/IS services | 200,000 |

| | | |
|---|--|---------|
| <input type="checkbox"/> g. Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation: | | |
| <input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | | |
| TOTAL | | 800,000 |

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 need for Transitional Crisis and behavioral health overlay services was identified by DCF and the local managing entity as part of their proposal for a SAMHSA Emergency Response Grant submitted in August of 2018. Additionally, Orange Seminole and Osceola Counties, as well as the Cities of Orlando, Sanford and Kissimmee have identified the need for affordable housing and mental health and substance abuse treatment in their Consolidated Plans.

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?

Aspire Behavioral Health Transitional Services will provide overlay services, (housing, assessment, case management, and outpatient treatment), as described in Ch. 65E-14.021 F.A.C.

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

Aspire Behavioral Health Transitional Crisis Services will provide for individuals stepping down from acute care mental health and substance abuse services. The services will include behavioral health overlay services which consist of assessment, case management, housing and outpatient mental health and substance abuse treatment including individual and group counseling.

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 | 1) 75% increase in medication adherence for those with mental health disorders; 2) 75% receiving transitional housing and behavioral health overlay services for at least 120 days for improved functioning; 3) 50% reduction in frequency and intensity of acute care commitments / hospitalizations / criminal justice involvement. | Outcomes will be measured through: Daily / Monthly data collection; Monthly / Quarterly trends analysis. Goal measured Quarterly / Annually for attainment. |
| <input type="checkbox"/> Improve mental health | | |
| <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.) | 50% reduction in frequency and intensity of acute care commitments / hospitalizations / criminal justice involvement. | Outcomes will be measured through: Daily / Monthly data collection; Monthly / Quarterly trends analysis. Goal measured Quarterly / Annually for attainment. |

| | | |
|---|--|--|
| <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 | 75% actively employed, enrolled in educational / vocational services, or receiving eligible benefits. | Outcomes will be measured through: Daily / Monthly data collection; Monthly / Quarterly trends analysis. Goal measured Quarterly / Annually for attainment. |
| <input type="checkbox"/> Reduce recidivism | | |
| <input checked="" type="checkbox"/> Reduce substance abuse | 75% of individuals served in Baker Act and / or Marchman Act receiving facilities will receive a physical assessment prior to their identified placement; and 75% of individuals served in Baker Act and / or Marchman Act receiving facilities will be transferred to their identified placement within 15 hours. | Outcomes will be measured through: Daily / Monthly data collection; Monthly / Quarterly trends analysis. Goal measured Quarterly / Annually for attainment. |
| <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 checked="" type="checkbox"/> Other (Please describe): Reduce Homelessness | 75% will secure permanent housing upon discharge from transitional housing. | Outcomes will be measured through: Daily / Monthly data collection; Monthly / Quarterly trends analysis. Goal measured Quarterly / Annually |
|--|---|--|

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: | 800,000 | 75.9% | 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: | 254,303 | 24.1% | Yes |
| 5. Other: | 0 | 0.0% | No |
| TOTAL | 1,054,303 | 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