

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Aspire Health Partners - Seminole Central Receiving System
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Scott Plakon
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 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:					1,779,397	1,779,397

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.

Noncompliance: Directly effecting client health and safety may result in a 10% penalty; Not directly effecting client health and safety may result in a 5% penalty; Associated with administrative tasks may result in 2% penalty. No penalty shall exceed more than 10%.

6. Requester:

- a. Name: Dick Jacobs
- b. Organization: Aspire Health Partners, Inc.
- c. Email: Dick.Jacobs@AspireHP.org
- d. Phone #: (407)875-3700

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

- a. Name: Todd Dixon
- b. Organization: Aspire Health Partners, Inc.
- c. Email: Todd.Dixon@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
- c. Email: Tanya@PinPointResults.com
- d. Phone #: (850)445-0107

9. Organization or Name of entity receiving funds:

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

The purpose of the Seminole County Central Receiving System (CRS) is to create a single point of entry and a coordinated system for individuals in crisis or needing evaluation or stabilization under a Baker Act or Marchman Act.

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 checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Other Support 8% of Direct Costs = \$120,637 Administrative 10% of Direct Costs = \$150,796	271,433
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Program Director @ 0.65 FTE = \$42,250 Clinical Supervisor @ 0.50 FTE = \$23,500 Nursing Manager @ 0.25 FTE = \$14,750 Psychiatrist @ 0.25 FTE = \$52,000 RN @ 4.62 FTE = \$231,000 ARNP @ 0.50 FTE = \$50,000 Behavioral/Transportation Techs @ 9.24 = \$192,192 Crisis Support Specialist/Assessor @ 4.62 FTE = \$164,472 Nurse Navigator @ 1 FTE = \$40,000 Peer Specialists @ 1 FTE = \$24,960 Care Coordinator @	1,162,725

	1 FTE = \$31,200 Case Manager @ 1 FTE = \$28,080	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Building Occupancy = \$94,500; Professional Services = \$28,000; Staff Travel = \$7,500; Equipment Costs = \$27,000; Food Services = \$31,936; Medical & Pharmacy = \$81,331; Insurance = \$10,500; Operating Supplies & Equipment = \$39,472; Incidentals = \$25,000	345,239
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,779,397

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:

Aspire Health Partners has formally proposed the creation of Central Receiving Facility in Seminole County. In support of this effort, Aspire has received Letters of Commitment and Support from the Seminole County Sheriff's Office, the 18th Judicial Circuit, the State Attorney of the 18th Judicial Circuit, and the Public Defender of the 18th Judicial Circuit,

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?

The Seminole CRS will provide opportunities for jail diversion, reduce the inappropriate utilization of emergency rooms, improve access and coordination of care, increase the quality and quantity of services and reduce processing time for persons served and law enforcement officials.

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

The Seminole County CRS will provide initial assessments, triage, case management, care coordination and related recovery services including detoxification and crisis stabilization.

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 type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Objective 1: Reduce the number of individuals admitted to a forensic state mental health treatment facility. Objective 2: Increase participant access to community-based services. Objective 3: 75% of individuals received in the CRS will receive a physical assessment prior to their identified placement. Objective 4: 75% of individuals received in the CRS will be transferred to their identified placement within 15 hours.	Objective 1: Monthly collection of data; Quarterly trends analysis; Goal measured annually for attainment. Objective 2: Daily collection of data; Reviewed monthly; Quarterly trends analysis. Goal measured annually for attainment. Objective 3: Daily collection of data; Monthly trends analysis. Goal measured quarterly for attainment. Objective 4: Daily collection of data; Monthly trends analysis. Goal measured quarterly for attainment.
<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.)	Reduce drop-off processing time by law enforcement officers for admission to crisis services.	Daily collection of data; Monthly trends analysis. Goal measured quarterly for attainment. Results presented to CRS Governing Board Semi-Annually.
<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 checked="" type="checkbox"/> Other (Please describe): Prevent Human Trafficking/Sexual Exploitation	Of those youth completing the program: Objective 1: 100% will complete the Not a #Number human	Outcomes are measured using school disciplinary records, DJJ involvement and self-reports, Pre-test

	trafficking prevention curriculum. Objective 2: 75% will reduce/ eliminate risky behaviors associated with recruitment of human trafficking victims. Objective 3: 90% will increase knowledge of vulnerabilities and sexual exploitation. Objective 4: 75% will decrease their risk factors and increase their protective factors.	and Post-tests, self-assessments, and assessment by New Horizons Intervention Specialists. All Objectives will be measured at Admission, Discharge, and Monthly with Quarterly trend analysis.
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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:	1,779,397	66.7%	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:	889,699	33.3%	Yes
5. Other:	0	0.0%	No
TOTAL	2,669,096	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