

The Florida House of Representatives
Appropriations Project Request - Fiscal Year 2022-23
 For projects meeting the definition of House Rule 5.14

1. Title of Project: Devereux Advanced Behavioral Health Dual Diagnosis Services: Mental Health and Intellectual/Developmental Disabilities
2. Date of Submission: 11/16/2021
3. House Member Sponsor: Rene Plasencia

4. Details of Amount Requested:

- a. Has funding been provided in a previous state budget for this activity? Yes
- b. What is the most recent fiscal year the project was funded? 2021-22
- 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 2021-22 <i>(If appropriated in 2021-22 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2022-23 <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	Recurring Base Budget	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds
Input Amounts:		350,000	350,000		500,000	500,000

- e. Provide the total cost of the project for FY 2022-23 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	500,000	92.6%	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	40,000	7.4%	Yes

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5. Other	0	0.0%	No
TOTAL	540,000	100%	

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

No

6. Which is the most appropriate state agency to place an appropriation for the issue requested? Agency for Persons with Disabilities

a. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

b. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Performance metrics and evaluation are established, any penalty measures are welcomed if metrics and objectives are not met.

7. Requester:

a. Name: Lindsey Phillips

b. Organization: Devereux Advanced Behavioral Health Florida

c. Email: lindsey.phillips@devereux.org

d. Phone #: (407)421-0867

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

a. Name: Kelly messer

b. Organization: Devereux Advanced Behavioral Health Florida

c. Email: kelly.messer@devereux.org

d. Phone #: (407)276-7929

9. Registered lobbyist working to secure funding for this project.

a. Name: Christopher L. Carmody

b. Firm: GrayRobinson PA

c. Email: chris.carmody@gray-robinson.com

d. Phone #: (407)843-8880

10. Organization or Name of entity receiving funds:

a. Name: Devereux Advanced Behavioral Health Florida

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b. County (County where funds are to be expended): Statewide

c. Service Area (Counties being served by the service(s) provided with funding): Brevard, Orange, Osceola, Seminole, Volusia

11. What type of organization is the entity that will receive the funds?

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

12. What is the specific purpose or goal that will be achieved by the funds being requested?

The purpose of this program is to expand the capacity and quality of services to individuals with dual diagnoses (intellectual/devlopmental disabilities and mental health disorders) provide immediate access to treatment strategies designed to mitigate dangerous situations and reduce the need for more costly services, while providing resources to strengthen families and promote well-being.

13. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Amount Requested (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% administrative overhead to include administrative support, human resources, quality management, risk management, information technology, finance and payroll, communications, training and development.	45,454

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<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	Behaviorally trained clinicians, portion of clinical coordinator and portion of program admin, training and outreach support position.	370,553
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Occupancy, telephones, data lines, equipment rental maintenance, office supplies, travel, training materials and supplies	75,993
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Consultant Services with board certified behavior analyst for peer review, professional consultation for review of third party outcome study, development of impact report.	8,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

14. For Fixed Capital Costs requested in Question 13, what type of ownership will the facility be under when complete?
 For Profit

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- 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)

15. Is the project request an information technology project?

No

16. 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

a. Please Describe:

Yes, support for this project is documented in letters of support from behavioral healthcare provider organizations and health care systems, as well as direct consumer support.

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

Yes

a. Please Describe:

the need for preventative and innovative services are for individuals with co-occurring mental health disorder and developmental disabilities through redesign analysis for those served through the Agency for Persons with Disabilities.

18. Will the requested funds be used directly for services to citizens?

Yes

a. What are the activities and services that will be provided to meet the purpose of the funds?

Activities and services to support this project include direct clinical services, de-escalation techniques, behavioral management strategies, parent training and support, community engagement training, referral and linkage to community resources, professional consultation and community collaboration.

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

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Direct services will be provided to support critical situations and provide ongoing support to ; a) provide timely, quality behavioral health interventions/assessments, in the least restrictive environment by expertly trained professionals focused on rapid crisis de-escalation and resolution b) provide parent/caregiver education and support and c) support care coordination

c. 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)

d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800

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○>800

19. 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 or outcome
<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	The intended benefit of this project is to reduce incidents resulting in self-injurious physical harm and harm to others, while also minimizing hospitalizations and the need for more costly service.	The performance of this project will be measured by the provision of highly specialized services that result in crisis de-escalation and placement stabilization as well as the number of individuals served, and the frequency of services and support provide 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 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		

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<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	Behavioral Support offered through this program will support continuity of care for youth post-discharge from residential treatment to mitigate the potential for recidivism.	The measurement for those who qualify for this support will be quantified by the number of parent/caregiver sessions provided to implement the individualized behavioral plan which will have an ongoing impact to the mitigation of inpatient services required in the future.
<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):		