

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Apalachee Center Short Term Residential Forensic Facility

2. Date of Submission: 11/07/2017

3. House Member Sponsor: Halsey Beshears

Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes  
***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? 2017-18
- 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 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>	<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:		500,000	500,000		1,001,560	1,001,560

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? Yes

5a. If yes, which state agency? Department of Children and Families

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

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.

Requirement for corrective action plan.

6. Requester:

- a. Name: Jay A. Reeve, Ph.D.,CEO
- b. Organization: Apalachee Center, Inc.
- c. Email: jayr@apalacheecenter.org
- d. Phone #: (850)523-3213

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

- a. Name: Jay A. Reeve, Ph.D.,CEO
- b. Organization: Apalachee Center, Inc.
- c. Email: jayr@apalacheecenter.org
- d. Phone #: (850)523-3213

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

- a. Name: AdamRoberts/Larry Overton
- b. Firm: GMA, Inc / Larry Overton & Associates/ Ausley & McMullen, PA
- c. Email: adam@gmalobby.com/loverton@loverton.net/jthompson@ausley.com
- d. Phone #: (850)591-9293

9. Organization or Name of entity receiving funds:

- a. Name: Apalachee Center, Inc.
- b. County (County where funds are to be expended): Leon
- c. Service Area (Counties being served by the service(s) provided with funding): Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla

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?

Diversion of severely mentally ill clients, including those in jail and with forensic involvement, from State Hospital admission; retention of clients in community at a lower overall cost to the state; Reduction of rates of forensic commitment in Leon County and surrounding areas.

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	Non-direct service staff (eg., HR, IT, ACC)	70,137
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Operating expense ( eg., utilities, supplies)	30,019
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Direct service staff ( eg., RNs, LPNs, MHAs)	540,842
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Operating expense ( eg., utilities, supplies)	360,562
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>1,001,560</b>

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:

Leon County Commission legislative priority for 2016/17

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

Yes

16a. Please Describe:

DCF analysis of need for diversion facilities from state forensic mental health beds for individuals in Leon County. Leon County is the only county in Florida that sends, on average, over fifty individuals to secure forensic beds at FSH every year, that is not also one of the seven most populous counties in the state.

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?

DCF estimates that the number of individuals committed to forensic beds at FSH from Circuit 2 is currently the highest in the state in counties not in the top ten most populous. Apalachee Center seeks to expand from a 4-bed to an 8-bed Short-term Forensic Residential Treatment program to serve this population. This project will allow substantially more individuals in this Circuit to be treated in this community without State hospitalization.

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

Apalachee Center seeks to expand a 4-bed to an 8-bed Forensic Short-term Forensic Treatment program at Apalachee Center. Clients on this program will be forensically involved or at risk, and will receive intensive daily services and a 24-hour locked treatment environment that meets standards for a Baker Act receiving facility.

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 incarcerated under FS 916 as incompetent to proceed through the criminal justice system

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	Clients' symptoms will be abate to the point that they may be discharged to a less restrictive environment.	Number of clients discharged to a less restrictive setting divided by a total number of clients discharged.
<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		
<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	Number of clients who do not return to Baker Act facility following discharge.	Number of clients readmitted within 30 days of discharge divided by number of clients discharged.
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Number of clients who are diverted from jail by admission.	Total Number of clients who are diverted from jail by admission.
<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 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:	1,001,560	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
<b>TOTAL</b>	<b>1,001,560</b>	<b>100%</b>	

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