

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Starting Point Behavioral Healthcare - Integrated Care Team
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Cord Byrd
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>	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:		200,000	200,000		400,000	400,000

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.
There are existing penalties in all contracts with Managing Entities for Providers who fail to meet contract deliverables.

6. Requester:

- a. Name: Laureen Pagel
- b. Organization: Starting Point Behavioral Healthcare
- c. Email: lpagel@spbh.org
- d. Phone #: (904)225-8280

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

- a. Name: Laureen Pagel
- b. Organization: Starting Point Behavioral Healthcare
- c. Email: lpagel@spbh.org
- d. Phone #: (904)225-8280

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

- a. Name: Larry Williams
- b. Firm: Larry Williams Consulting
- c. Email: larry@larrywilliamsconsulting.com
- d. Phone #: (904)557-8593

9. Organization or Name of entity receiving funds:

- a. Name: Starting Point Behavioral Healthcare
- b. County (County where funds are to be expended): Nassau
- c. Service Area (Counties being served by the service(s) provided with funding): Clay, Duval, Nassau

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?

To assist DCF in assuring that the high risk, high need individuals receive the best care available, and to reduce re-admission rates SPBH is proposing the development of a local integrated care team to:

Close the gap between those needing behavioral healthcare and those receiving it.

Better integrate medical and behavioral healthcare, as well as substance use and mental health care.

Expand the use of evidence-based practices to coordinate care.

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	The Chief Executive Officer is responsible for overall oversight of this program.	4,200
<input checked="" type="checkbox"/> b. Other Salary and Benefits	The CFO will be responsible for invoicing, budget management and submittal of all required federal financial reporting. The HR Manager will be responsible for recruiting of vacant positions and benefits management. The IT Manager will be responsible for the company computer systems and data management. The Billing Specialist will ensure that services are billed appropriately to ensure timely reimbursement. The Medical Records Clerk will be coordinating records transfer.	21,540

<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	Operational Staff Include: The Project Director (1FTE) Community Care Managers (3FTEs) Licensed Practitioner of Healing Arts (1FTE) Certified Peer Specialists (2 FTEs)	291,692
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Local Travel and Training - \$15,643 Equipment (Laptops, Cell Phones, etc) - \$4,500 Supplies (Postage, Office Supplies, Air Cards, etc.) - \$6,925 Client Services (Utilities, Transportation, Housing, etc) - \$19,500	46,568
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Psychiatrist - will provide psychiatric evaluations, medication management and consultation	36,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		400,000

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)

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:

DCF has identified Care Coordination as a Priority of Effort. All Managing Entities are tasked with helping to build capacity to provide Care Coordination within their regions. The Institute of Medicine has identified Care Coordination as a best practice to work with high need, high risk, high utilizers.

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 care coordinators will be on-site at the ED during high utilization times and on-call. The care coordinator will go on-site the other acute care settings to meet clients within 3 days of admission.

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

The care coordinator/peer specialist will assist in getting the clients connected to mental health , addiction and psychiatric treatment in the community, and continue to monitor the case until the client reaches stability. Daily contact will be made during the first 30 days.

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	? Availability of follow up BH appointment within 7 days of referral ? Increase in length of BH treatment episode versus pre-care coordination ? Increase in engagement in Care Coordination Services ? Percentage of Care Coordination Referrals that received care coordination services within 72 hours of referral	Appointment date Length of stay in treatment Percentage of Care Coordination Referrals that received care coordination services within 72 hours of referral
<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	Decrease in number of ED/CSU visits during 6 month period following referral versus number of ED/CSU visits during 6 months prior to referral. ? Increase in referrals to BH provider from ED/CSU	Admission data to ED/CSU Number of referrals from ED/CSU
<input checked="" type="checkbox"/> Reduce substance abuse	Decrease in number of Detox visits during 6 month period following referral versus number of ED/CSU visits during 6 months prior to referral. ? Increase in referrals to BH provider from Detox center	Admission data to Detox Center Number of referrals from Detox
<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 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:	400,000	88.9%	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:	0	0.0%	No
5. Other:	50,000	11.1%	No
TOTAL	450,000	100%	

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

No