

- 1. Title of Project: Community Crisis Prevention Team
- 2. Senate Sponsor: Aaron Bean
- **3.** Date of Submission: <u>12/15/2017</u>
- 4. Project/Program Description:

The Community Crisis Prevention Team program fills a gap in the community system of care, provides unduplicated access to crisis services and expedited access to behavioral health care.

## 5. State Agency Contacted? Yes

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

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

#### 6. Amount of Non-recurring Requested for fiscal year 2018-19:

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
300,000		300,000

7. Type, amount and percent of matching funds available for this project for fiscal year 2018-19:

Туре	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	10,978	3.5%
Other	0	0.0%
TOTAL	10,978	3.5 %

## 8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): <u>310,978</u>

#### 9. Previous Year Funding Details:

- a. Has funding been provided in a previous state budget for this activity? Yes
- b. In the previous 5 fiscal years, how many years was funding provided? (Optional)  $\underline{4}$
- c. What is the most recent fiscal year the project was funded? 2017-18
- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- e. Complete the following Worksheet.



FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	Α	В	С
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		300,000	300,000

#### 10. Is future-year funding likely to be requested?

<u>Yes</u>

a. If yes, indicate non-recurring amount per year.

300,000

#### **11.** Program Performance:

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

<u>Project provides increased access to services to priority populations as defined in F.S. 394.674 and fits with the statewide effort to keep individuals with severe mental illnesses in the community as the Olmstead Act requires. Services are cost effective and efficient. Early access to care in a mental health crisis reduces the need for more costly and intensive services. Providing services to parents with substance abuse disorders helps maintain families and keeps children safe.</u>

#### b. What are the activities and services that will be provided to meet the intended purpose of these funds?

The model is recovery based and utilizes evidence-based practices. Direct services include individual and group therapy, case management, family intervention and 24-hour crisis intervention. Expedited access to psychiatric and primary care treatment. Support services and ongoing supervision in a community setting. Access to clinical staff and peer support. Ongoing advocacy, progress monitoring and linkage to community resources.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
☑Executive Director/Project Head Salary and Benefits	.50 Crisis Alternative Program Manager - to provide	22,991
	supervision, recruitment as needed, and to coordinate	



# **The Florida Senate** Local Funding Initiative Request - Fiscal Year 2018-2019

	training to program staff.	
□Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs		
⊠Salary and Benefits	1.0 FTE Crisis Alternative Program Coordinator, 1.0 FTE Family Intervention Specialist, 4.4 FTE Diversion Specialists - Coordinator will be responsible for the operations of the facility including the management of all staff and the provision of adequate care to all residents. The Diversion Specialists will provide direct care to the residents of the facility. The Family Intervention Specialist will provide assessments and case management.	221,628
☑Expense/Equipment/Travel/Supplies/Other	These expenses include building occupancy, communications, local travel, out of town travel for staff to attend annual conference, office supplies, client food for 24-hour crisis facility, client incidentals, and liability insurance.	55,381
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
Construction/Renovation/Land/Planning Engineering		



Local Funding Initiative Request - Fiscal Year 2018-2019

### TOTAL

300,000

## d. What are the direct services to be provided to citizens by the appropriations project?

<u>Citizens served by this project receive recovery based services through evidence-based practices. Direct</u> <u>services include individual and group counseling, case management, family intervention and 24-hour</u> <u>intervention and crisis support. Individuals served have expedited access to psychiatric and primary care</u> <u>treatment. Services are available in a home like community setting with ongoing support. Persons served have</u> <u>access to clinical staff and peer support specialists, as well as a client run drop-in center. These intensive direct</u> <u>services offer an alternative to more intensive, restrictive and costly treatment services such as hospitalization</u> <u>or CSU. Treatment planning, progress monitoring, advocacy, discharge planning, relapse prevention planning,</u> <u>support network development and aftercare are all part of the process.</u>

e. Who is the target population served by this project? How many individuals are expected to be served?

<u>Participants will be priority populations as identified in s. 394.674, F.S., including persons with poor physical health, and economically disadvantaged persons. Performance measures include serving 260 individuals (150 in Crisis Alternative and 110 in Family Intervention).</u>

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

<u>Treatment is provided in a cost effective and efficient manner. The model is recovery based and utilizes</u> <u>evidence-based practices. Outcome performance data includes the goal that 95% of individuals admitted to the</u> <u>Crisis Alternative Program will not require a higher level of care and that 90% of individuals will successfully</u> <u>engage in Substance Abuse Services. Goals have been met and/or exceeded for previous funding years.</u>

- g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract? <u>Failure to meet performance measures or contract deliverables will result in corrective action plans and/or financial penalties.</u>
- 12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity. N/A
- 13. Requestor Contact Information:
  - a. Name: Irene Toto (CEO)
  - b. Organization: Clay Behavioral Health Center, Inc.
  - c. Email: itoto@theigd.org
  - d. Phone Number: (904)278-5644
- 14. Recipient Contact Information:
  - a. Organization: Clay Behavioral Health Center, Inc.



# The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

b. County: Clay

# c. Organization Type:

- O For Profit
- Non Profit 501(c) (3)
- O Non Profit 501(c) (4)
- O Local Entity
- O University or College
- O Other (Please specify)
- d. Contact Name: Irene Toto (CEO)
- e. E-mail Address: itoto@theigd.org
- f. Phone Number: (904)278-5644

# 15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: None
- **b. Firm:** <u>None</u>
- c. Email:
- d. Phone Number: