1. **Title of Project:** Starting Point Behavioral Healthcare - West Nassau Rehab Renovation

2. **Senate Sponsor:** Aaron Bean

3. **Date of Submission:** 02/23/2019

4. **Project/Program Description:**
   
   Our goal is to renovate a 8,600 square foot building in Hilliard, Florida to expand mental health and addiction services to rural western Nassau County and the surrounding rural counties. The facility is owned and operated by Starting Point Behavioral Healthcare (SPBH) and is used to facilitate Nassau County’s only Psychosocial Rehabilitation Program. The renovation plans include expanding technology to allow greater access to care for behavioral health services via telepsychiatry/telemedicine, and creating a meeting space with added video conferencing capability for the community.

5. **State Agency to receive requested funds:** Department of Children and Families

   State Agency Contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td></td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>500,000</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>500,000</strong></td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>500,000</td>
<td>65.70%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>15,000</td>
<td>1.97%</td>
</tr>
<tr>
<td>Other</td>
<td>246,000</td>
<td>32.33%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>761,000</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** No

9. **Is future-year funding likely to be requested?** No

10. **Details on how the requested state funds will be expended**

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Executive Director/Project Head Salary and Benefits

### Other Salary and Benefits

### Expense/Equipment/Travel/Supplies/Other

### Consultants/Contracted Services/Study

### Operational Costs:
- **Salary and Benefits**
- **Expense/Equipment/Travel/Supplies/Other**
- **Consultants/Contracted Services/Study**

### Fixed Capital Construction/Major Renovation:
- **Construction/Renovation/Land/Planning Engineering**
  - Healthcare Facilities Design Consultant Architecture, Engineering and Permitting General Construction Contractors Video conference and Telemedicine equipment
  - Amount Requested: $500,000

### Total State Funds Requested (must equal total from question #6)
- $500,000

#### 11. Program Performance:

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

Our goal is to renovate a 8,600 square foot building in Hilliard, Florida to expand mental health and addiction services to rural western Nassau County and the surrounding rural counties. The facility is currently owned and operated by SPBH and is used to facilitate Nassau County's only Psychosocial Rehabilitation Program. The renovation plans include expanding technology to allow greater access to care for behavioral health services via telepsychiatry/telemedicine, and creating a meeting space with added video conferencing capability for the community.

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

Demolition and renovation of current space including internal and external walls, restrooms, kitchen, and meeting rooms. Addition of telemedicine and teleconferencing equipment.

**c. What are the direct services to be provided to citizens by the appropriations project?**

N/A

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

Grade school students, high school students, university/college students, elderly persons, economically disadvantaged persons, at-risk youth, current or formerly incarcerated persons, drug offenders (in criminal Justice), drug users (in health services), persons with poor mental health, and victims of crime

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

Increased access to mental health and psychiatric care through telepsychiatry/telemedicine and office expansion. Provide increased therapy services to low income population on the west side of rural Nassau County. Increased access to substance use disorder treatment and psychiatric care. Our Methodology for measurement will be presented through decreased wait times for services, increased numbers served on the
west side of the county, and decreased no-show rates for patient seeking appointments. In those clients we serve we also expect improved overall level of functioning and increased self-sufficiency.

f. 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?

The agencies standard contracted penalties are sufficient.

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.

Starting Point Behavioral Healthcare is governed by a Board of Directors.

13. Requestor Contact Information:
   a. Name: Laureen Pagel
   b. Organization: Starting Point Behavioral Healthcare
   c. E-mail Address: lpagel@spbh.org
   d. Phone Number: (904)225-8280 Ext. 416

14. Recipient Contact Information:
   a. Organization: Starting Point Behavioral Healthcare
   b. County: Nassau
   c. Organization Type:
      - For Profit
      - Non Profit 501(c) (3)
      - Non Profit 501(c) (4)
      - Local Entity
      - University or College
      - Other (Please specify)
   d. Contact Name: John Mosley
   e. E-mail Address: jmosley@spbh.org
   f. Phone Number: (904)225-8280

15. Lobbyist Contact Information
   a. Name: None
   b. Firm Name: None
   c. E-mail Address:
   d. Phone Number: