

Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Community Crisis Prevention Team
2. Date of Submission: 12/11/2015
3. House Member Sponsor(s): W. Cummings, Charles Van Zant

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
- b. What is the most recent fiscal year the project was funded? 2015-16
- 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 (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:	0	300,000	300,000	0	300,000	0	300,000

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
- f. New Recurring Funding Requested for FY 16-17 will be used for:

5. Requester:

- a. Name: Irene Toto
- b. Organization: Clay Behavioral Health Center, Inc.

- c. Email: itoto@theigd.org
- d. Phone #: [\(904\)278-5644 Ext. 2005](tel:(904)278-5644)

6. Organization or Name of Entity Receiving Funds:

- a. Name: [Clay Behavioral Health Center, Inc.](#)
- b. County (County where funds are to be expended) [Clay](#)
- c. Service Area (Counties being served by the service(s) provided with funding) [Baker, Bradford, Clay, Duval, Union](#)

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

The Community Crisis Prevention Team provides expanded services to targeted populations including families involved with child protective investigations, the community based care agency, and families in the community that are at risk of having children removed. Also included are DCF target populations of adults with severe and persistent mental illness, those with co-occurring mental health and substance abuse disorders and other adult priority populations as defined in F.S. 394.674 and FAC 65E-15.

The six bed residential Crisis Alternative Program is part of a statewide effort to keep individuals with severe mental illnesses in their community as the Olmstead Act requires. This funding supports a short-term alternative to state/other hospitalization for individuals with severe and persistent mental illness or with co-occurring mental illness and substance abuse disorders who are experiencing an acute mental or emotional crisis. Unique to this program is the involvement of a Family Intervention Specialist who works to keep the family intact while the individual is receiving treatment since many are parents or caretakers whose hospitalization or placement at a state institution would cause major disruption to their family support system, and may require housing/placement of children or older parents. The Crisis Alternative Program allows individuals to shorten their length of stay and limit out of home placement for other family members. The assigned Family Intervention Specialist (FIS) works to engage individuals with treatment and other community resources. Finding appropriate support and resources assists the entire family in recovery and helps to develop support systems that can be sustained. Maintaining and strengthening the family expedites recovery, discharge and reunification.

This model is Recovery based and utilizes evidence-based practices. It fits in with the state model of community based, family focused services. Services are readily available in an integrated, community-based setting. Parents are linked to needed substance abuse and mental health services while maintaining custody of their children. Treatment is provided in a cost effective and efficient manner. Early identification, intervention and resolution of crisis in individuals with

serious behavioral health issues is less costly and disruptive to individual and communities. No wrong door, open access and an integrated system of care reduces barriers to treatment. This team approach utilizes existing resources and supports and encourages the engagement of the community in keeping people safe.

Program outcome data is submitted monthly and reviewed regularly by the agency's Quality Improvement Team. Additional outcomes have been added to track sustainability of change and effectiveness of treatment interventions. We have begun tracking the percentage of individuals who do not require a higher of care within 30 days of receiving crisis alternative services and the percentage of parents who retain custody of their children for at least 90 days after engagement with the family intervention specialist. Target population includes families involved with child protective investigations and the Community Based Care agency, families in the community that are at risk of having children removed. Also DCF target populations of adults with severe and persistent mental illnesses and with co-occurring mental health and substance abuse disorders, and other priority populations as defined in FS 394.674. 150 Persons served annually in the Crisis Alternative Program, 110 Persons served annually by the Family Intervention Specialist, total 260 persons served annually. Clay Behavioral Health Center is an active participant in local, regional, and statewide coalitions and task forces, and has collaborative working agreements with the Community Based Care agency, School Board, Health Department, Federally Qualified Health Care Center, Department of Juvenile Justice, the local judicial system, the local sheriff's department, the local Domestic Violence shelter, and the United Way. CBHC operates under the no wrong door premise and provides services to all eligible individuals who present for services at our Center. The agency routinely meets or exceeds performance measures and expectations. Following the lead of our Managing Entity and the statewide push for collaboration, CBHC has implemented an Open Access policy in order to increase access to care.

Project Budget and Budget Narrative - I

FAMILY INTERVENTION SPECIALIST FY 2015-2016

A. Personnel:

Position	Name	Annual Salary/Rate	Level of Effort	Cost
IFS Manager	TBD	\$42,000	10%	\$ 4,200
Family Intervention Specialist (FIS)	TBD	\$32,000	100%	\$32,000
Cost of Personnel				\$36,200

JUSTIFICATION: The program manager will have oversight of the program and provide supervision, recruitment, and training to program staff. The Family Intervention Specialist will be responsible for outreach, assessments, and case management. At a minimum, the staff will hold a Bachelors degree in social services or behavioral sciences and have one year experience working with substance involved individuals/families.

B. Fringe Benefits:

Personnel	Rate	Wage	Cost
Program Manager		.25	\$4,200 \$1,050
Family Intervention Specialist		.25	\$32,000 \$8,000

Cost of Fringe Benefits \$9,050

JUSTIFICATION: Fringe reflects current rate for agency. Clay Behavioral Health Center pays 77% of medical, 40% of dental, and 100% of life and disability insurance. Along will all other basic fringes, such as unemployment, social security and workers compensation, fringe is calculated at 25% of annual salary.

C. Travel:

Purpose of Travel	Location	Item	Rate	Cost
Annual FIS Conference	Orlando, F	Hotel	\$150/night x 1 persons x 2 nights	\$300
		Per Diem (meals)	\$29/day x 1 persons x 2 days	\$58
		Mileage	300miles@.445/mile x 1staff	\$134
SUBTOTAL				\$492
Local Travel	Local	400 miles x 1 staff x 12 months x .445/mile		\$2,136
Cost of Travel				\$2,628

JUSTIFICATION: The staff travel line item includes costs for local travel for the Family Intervention Specialist and for that particular staff member to attend the Annual FIS Conference that is held in Orlando. Clay County is considered rural and we cover a large area, so a projected number of 400 miles per month was used in the budget calculation for local travel.

D. Office Expense

Item(s)	Rate	Cost
Office Supplies	\$250/yr x 1 staff	\$250
TOTAL		\$250
Cost of Office Expense		\$250

JUSTIFICATION: Consumable office supplies for staff include pens, paper, file folders, staples, tape, pencils, highlighters, calendars, etc. The estimated cost for office supplies per staff member is \$250 per year.

E. Computer Access

Item(s)	Rate	Cost
Wireless Broadband (AT&T)	\$38.84 x 1 staff x 12 months	\$466
Cost of Computer Access		\$466

JUSTIFICATION: The costs associated with this line item include a monthly fee that is assessed by AT&T for wireless access.

F. Insurance

Item(s)	Rate	Cost
Agency Insurance for full time employees	\$513.37 x 1 FTE	\$ 513

TOTAL \$ 513

Cost of Insurance \$ 513

JUSTIFICATION: Agency insurance consists of property insurance, general and professional liability, auto and employee dishonesty (crime) policies. These policies cover all employees and the cost yearly is \$53,904. Clay Behavioral Health Center currently has 105 full time employees. \$53,904 divided by total number of FTEs (105) = \$513.37 yearly per employee

G. Incidentals

Item(s)	Rate	Cost
Incidentals	60 units @ \$50 per unit	\$3,000
TOTAL		\$3,000

Cost of Incidentals \$3,000

JUSTIFICATION: The costs associated with this line item include the provision for childcare, transportation, educational/vocational assistance, clothing, support for housing/utility costs and any other approved costs that would make a direct impact on the child welfare outcomes.

H. Urine Drug screens

Item(s)	Rate	Cost
Urine Drug Screens	120 tests at \$5.00 per test	\$600
TOTAL		\$600

Cost of Urine Drug Screens \$600

JUSTIFICATION: The costs associated with this line item include the cost of the redi-cups to perform urine drug screens on individuals suspected of substance abuse once the Family Intervention Specialist has begun services with the family.

Project Budget and Budget Narrative - II
CRISIS ALTERNATIVE PROGRAM FY 2015-2016

A. Personnel:

Position	Name	Annual Salary/Rate	Level of Effort	Cost
CAP Coordinator	TBD	\$32,000	100%	\$32,000
CAP Manager	TBD	\$52,804	40%	\$21,121
Behavioral Health (4.40 FTE)	TBD	\$25,750	100%	\$113,300
Techs				
Cost of Personnel				\$166,421

JUSTIFICATION: The CAP coordinator will be responsible for the operation of the facility including the management of all staff and the provision of adequate care

to all residents. The CAP manager will have oversight of the facility and provide supervision, ongoing recruitment, and coordinate training to facility staff. The Behavioral Health Techs will provide direct care to all residents of the facility.

B. Fringe Benefits:

Personnel	Rate	Wage	Cost
CAP Coordinator	.25	\$32,000	\$8,000
CAP Manager	.25	\$21,121	\$5,280
Behavioral Health Techs (4.40 FTE)	.25	\$113,300	\$28,325
Cost of Fringe Benefits		\$41,605	

JUSTIFICATION: Fringe reflects current rate for agency. Clay Behavioral Health Center pays 77% of medical, 40% of dental, and 100% of life and disability insurance. Along with all other basic fringes, such as unemployment, social security and workers compensation, fringe is calculated at 25% of annual salary.

C. Transportation:

Purpose of Travel	Location	Item	Rate
Local Transportation for resident	Local	Transportation	50 miles x 6 residents x 12 months x .445/mile
Cost of Transportation			\$1,602

JUSTIFICATION: The resident travel line item includes costs for local travel for the Clay Behavioral Health Center to transport clients to personal appointments if needed and for 1 social activity per month.

D. Office Expense

Item(s)	Rate	Cost
Office Supplies	\$250/yr x 5.80 staff	\$1,450
Cost of Office Expense		\$1,450

JUSTIFICATION: Consumable office supplies for staff include pens, paper, file folders, staples, tape, pencils, highlighters, calendars, etc. The estimated cost for office supplies per staff member is \$250 per year.

E. Computer Equipment and Access

Item(s)	Rate	Cost
Wireless Broadband (AT&T)	\$38.84 x 5.80 staff x 12 months	\$2,703
Cost of Computer Equipment		\$ 2,703

JUSTIFICATION: The cost associated with this line item is a monthly fee that is assessed by AT&T for wireless access.

F. Insurance

Item(s)	Rate	Cost
Agency Insurance for full time employees	\$513.37 x 5.80 employees	\$2,978

TOTAL \$2,978

Cost of Insurance \$2,978

JUSTIFICATION: Agency insurance consists of property insurance, general and professional liability, auto and employee dishonesty (crime) policies. These policies cover all employees and the cost yearly is \$53,904. Clay Behavioral Health Center currently has 105 full time employees. \$53,904 divided by total number of FTEs (105) = \$513.37 yearly per employee

G. Food

Item(s)	Rate	Cost
Food for Residents	\$200 per month per resident x6 residents x 12 months	\$14,400

TOTAL \$14,400

Cost of Food \$14,400

JUSTIFICATION: The costs associated with this line item include the cost of the food to provide nourishment to all residents.

H. Building Occupancy

Item(s)	Rate	Cost
Rent, Utilities, Telephone	\$1,700 per month	\$20,400
Building Maintenance	\$250 per month	\$3,000
Cost of Building Occupancy		\$23,400

JUSTIFICATION: The costs associated with this line item include the cost of the rent, utilities, telephone, and maintenance to the facility.

I. Other Expenses

Item(s)	Rate	Cost
Human Resources Support	\$75 per month x 12 mos	\$900
Outreach and Marketing	\$75 per month x 12 mos	\$900
TOTAL		\$1,800

Cost of Food \$1,800

JUSTIFICATION: The costs associated with this line include staff recruitment expenses such as newspaper advertisement, HR services, background screens, and drug testing. This line item also includes outreach and marketing to our community to promote continued awareness of this service.

Total ? Community Crisis Prevention Team Budget: \$309,066

Toatl funding requested \$300,000

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 300,000 (Excluding the requested Total Amount in #4d, Column G)

Local: 9,066

Other: 0

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

Yes