

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: Harbor Pines / Cedar Village
2. Date of Submission: 01/19/2016
3. House Member Sponsor(s): Steve Crisafulli

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:	485,000	970,000	1,455,000	485,000	970,000	0	970,000

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs

5. Requester:

- a. Name: David Feldman
- b. Organization: Circles of Care, Inc.
- c. Email: dfeldman@circlesofcare.org
- d. Phone #: (321)480-9835

6. Organization or Name of Entity Receiving Funds:

- a. Name: Circles of Care, Inc.
- b. County (County where funds are to be expended) Brevard
- c. Service Area (Counties being served by the service(s) provided with funding) Brevard

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.)

Circles of Care, Inc. owns and operates a 50-bed adult Baker Act-designated receiving facility ? the only public receiving facility serving Brevard County. The facility, named Harbor Pines, is a licensed Crisis Stabilization Unit (CSU) and enjoys hospital accreditation according to both the Joint Commission's inpatient Hospital and Behavioral Healthcare standards.

Under the terms of Chapter ? 394, Part I, Florida Statute, also known as the ?Florida Mental Health Act? or ?Baker Act?, Circles of Care is:

? mandated to provide emergency assessment and crisis stabilization services to all individuals under the terms of a Baker Act civil commitment, that is, those individuals in mental health crisis or with severe and persistent mental illness that represent an imminent danger to themselves or others;

? required to provide services for all individuals regardless of an individual's ability to pay for the services.

These services, a critical part of the public safety net, are funded by General Revenue through the Substance Abuse and Mental Health program office along with a local county match. CSUs represent an integral part of the public safety net by providing for both voluntary and involuntary psychiatric examinations in a restrictive civil environment for the protection of the patient and others. Adequately funded CSUs treat more county residents within the county and in less restrictive and less costly environments than commitments to longer-term state mental health hospitals.

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

Federal: 0

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: 323,000

Other: 0

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

Yes