

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Centerstone Psychiatric Residency Expansion
2. Date of Submission: 10/18/2017
3. House Member Sponsor: Julio Gonzalez
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:		500,000	500,000		500,000	500,000

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.
Enact penalty if program is not accredited.

6. Requester:

- a. Name: Melissa Larkin-Skinner
- b. Organization: Centerstone of Florida, Inc.
- c. Email: melissa.larkin-skinner@centerstone.org
- d. Phone #: (941)720-4826

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

- a. Name: Melissa Larkin-Skinner
- b. Organization: Centerstone of Florida, Inc.
- c. Email: melissa.larkin-skinner@centerstone.org
- d. Phone #: (941)720-4826

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

- a. Name: Amanda; Jeff
- b. Firm: Corcoran & Johnston Government Relations
- c. Email: amanda@corcoranfirm.com; jeff@corcoranfirm.com
- d. Phone #: (813)404-5216

9. Organization or Name of entity receiving funds:

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

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?

The program will increase Florida's psychiatric residency slots, increase access to mental health and substance use care for Floridians, and produce new psychiatrists to reduce the shortage in Florida. Each resident will serve 300-600 Floridians annually who are in need of mental health and addictions care; the residency will address the statewide psychiatrist shortage via training 16 residents annually, 2/3 of whom are expected to remain in Florida (per the Florida Department of Health).

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 type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<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	Salaries and benefits of psychiatric residents	500,000
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

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:

Manatee County Board of County Commissioners Resolution, Letters of Support - United Way, Manatee County Sheriff, Drug Free Manatee, HCA Blake Medical Center, Community Health Centers of Sarasota (FQHC); Manatee County Chamber of Commerce Legislative Agenda

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

Florida's 2016 Physician Workforce Annual Report - Florida Department of Health - Florida has 15 counties with no psychiatrist and 7 counties with only one psychiatrist. 47% of Florida psychiatrists are age 60 and older. It is estimated the U.S. need 29.9 psychiatrists per 100,000 residents, Florida has only 7 psychiatrists per 100,000 residents.

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?

Training Psychiatric Residents to provide mental health and substance use treatment - the residents complete Psychiatric evaluations, Medication prescribing and management, Medication Assisted Treatment, Therapy, Physical Examinations, Medical Evaluations, Provide treatment orders for inpatient care, Patient education, and informed consent evaluations; Training in Neurology and Internal Medicine; Program Accreditation; Filling Residency slots

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

Psychiatric evaluations, Medication prescribing and management, Medication Assisted Treatment, Therapy, Physical examinations, Medical evaluations, Inpatient psychiatric and detox care, Patient education, and informed consent evaluations, Treatment orders

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): Families in the Child Welfare System

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 checked="" type="checkbox"/> Improve physical health	(a) Follow-up with outpatient services within 7 days following an inpatient stay; (b) Follow-up with outpatient services following an inpatient stay within 30 days	(a) MIPS measure #391-2; (b) MIPS measure #391-1
<input type="checkbox"/> Improve mental health		
<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 type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	(a) Screening for unhealthy alcohol and substance use; (b) Clients will abstain from substance use for a minimum of 30 days after enrollment	(a) MIPS measure #431; (b) Florida State Reporting (SA Admission/Discharge)

	in treatment	
<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:	500,000	29.4%	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:	1,200,000	70.6%	Yes
TOTAL	1,700,000	100%	

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

Yes

20a. How much state funding would be requested after 2018-19 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- ≥ 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

- ongoing activity ? no total cost
- <1M
- 1-3M
- >3-10M
- >10M