

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Meridian Health (Primary Care) Clinic
2. Date of Submission: 11/09/2017
3. House Member Sponsor: Clovis Watson
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.

Funds are drawn down on fee-for-service basis; contract outcomes are monitored as part of our Managing Entity contract with Lutheran Services

6. Requester:

- a. Name: Margarita Labarta, PhD
- b. Organization: Meridian Behavioral Healthcare, Inc
- c. Email: maggie_labarta@mbhci.org
- d. Phone #: (352)374-5600

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

- a. Name: Margarita Labarta, PhD
- b. Organization: Meridian Behavioral Healthcare, Inc
- c. Email: maggie_labarta@mbhci.org
- d. Phone #: (352)374-5600

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

- a. Name: Larry Overton
- b. Firm: Overton Associates
- c. Email: loverton@loverton.net
- d. Phone #: (850)224-2859

9. Organization or Name of entity receiving funds:

- a. Name: Meridian Behavioral Healthcare, Inc.
- b. County (County where funds are to be expended): Alachua, Columbia
- c. Service Area (Counties being served by the service(s) provided with funding): Alachua, Baker, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Suwannee, Union

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?

Supports a primary care clinic for individuals with mental illness and substance use disorders who are without primary care, providing basic medical care. These patients often use the emergency room. Their mental illness that interferes with their ability to effectively use traditional clinics. Because the clinic is integrated with their behavioral health treatment, all services are coordinated and address the medical problems and social determinants that improve adherence and outcomes.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Chief Medical Officer, .05 FTE	12,504
<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	ARNP, LPN, Coordinators, Support Staff	427,395
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Supplies (medical & office), labs, educational material	60,101
<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
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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:

Support letters from the community reflect the need for these services

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:

There is considerable national data that shows that individuals with metal health and substance use problems die 25 years ahead of their cohort's life expectancy. This early death is associated with numerous health risks. Locally, mental health issues are identified by our regional health planning council and hospitals as creating additional demand in the emergency department and resulting in higher costs.

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?

Provide primary care, psychiatric and addiction services: Coordinate all care for patients selected; Coordinate referrals for other specialty care; Ensure labs, prescriptions and other ancillary services are provided and monitor progress; Coordinate discharge from any inpatient care, with the intent of preventing re-admission; Collect relevant data to track impact on health outcomes and cost

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

Provide primary care, psychiatric and addiction services:Coordinate all care for patients selected;Coordinate referrals for other specialty care; Ensure labs, prescriptions and other ancillary services are provided and monitor progress; Coordinate discharge from any inpatient care, with the intent of preventing re-admission;Collect relevant data to track impact on health outcomes and cost

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): Uninsured

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	60% of the individuals served 6 months or more will exhibit reduced symptomology and increased stabilization of health issues. 95% of the target population will receive HIV/AIDS education prior to discharge	Specific tests depending on disorder ? eg. a1c, blood pressure, weight & BMI
<input checked="" type="checkbox"/> Improve mental health	75% of individuals receiving services will report less functional impairment at follow up points. 95% will receive screening for Substance Use Disorder	Evaluation by clinician using FARS/CFARS ? current DCF Outcome measures Screening form that is evidence based
<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 type="checkbox"/> Reduce substance abuse		
<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 checked="" type="checkbox"/> Other (Please describe): Improve access to care	Provide access to care coordination and benefits assessment	Track % of patients offered these services

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	67.6%	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:	240,000	32.4%	No
TOTAL	740,000	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