

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Osceola Mental Health Psychiatric Support
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Mike La Rosa  
Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No  
***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?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

| FY:                | Input Prior Year Appropriation for this project<br>for FY 2017-18<br><i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i> |                               |   | Develop New Funds Request<br>for FY 2018-19<br><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<br><br><i>(Recurring plus Nonrecurring: column A + column B)</i> | Recurring Base Budget<br><br><i>(Will equal non-vetoed amounts provided in Column A)</i>                        | <b>Additional Nonrecurring Request</b> | <b>TOTAL Nonrecurring plus Recurring Base Funds</b><br><br><i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i> |
| Input Amounts:     |   |                               |   |   | 300,000                                | 300,000   |

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? No
  - 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.  
Return of Unused Funding

6. Requester:

- a. Name: James Shanks
- b. Organization: Osceola Mental Health, Inc, d/b/a Park Place Behavioral Health Care
- c. Email: jims@ppbh.org
- d. Phone #: (407)846-0023

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

- a. Name: Natalie Mullett
- b. Organization: Osceola Mental Health, Inc, d/b/a Park Place Behavioral Health Care
- c. Email: nataliem@ppbh.org
- d. Phone #: (407)846-0023

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

- a. Name: Kimberly Case
- b. Firm: Holland and Knight
- c. Email: kimberly.case@hkllaw.com
- d. Phone #: (850)425-5603

9. Organization or Name of entity receiving funds:

- a. Name: Osceola Mental Health, Inc., d/b/a Park Place Behavioral He
- b. County (County where funds are to be expended): Osceola
- c. Service Area (Counties being served by the service(s) provided with funding): Brevard, Orange, Osceola, Polk, Seminole

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?

Park Place has not had a bi-lingual Psychiatrist on staff to serve our current caseload which is 65% Spanish speaking. We expect this need to increase as individuals who are displaced seek services. We are seeking support for those who were displaced during the hurricanes, or are in need of a bi-lingual Psychiatrist.

12. Provide specific details on how funds will be spent. (Select all that apply)

| Spending Category   | Description         | Nonrecurring<br>(Should equal 4d, Col. E) Enter ?0? if<br>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                    | Psychiatric Support | 300,000  |
| <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   |                     | 300,000  |

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:

The local School District and Osceola County Human Services program contact us weekly with updated enrollment numbers for families in the County and students in the schools who will be in need of our services. Both program will write letters of support if necessary.

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

No

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?

Support the salary of a bi-lingual Psychiatrist from Puerto Rico who will provide Psychiatric Evaluation and Medication Management for those in need of services.

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

individual served by this Psychiatrist will receive Psychiatric Evaluation and ongoing Medication Management for Mental Health Disorders.

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): Hispanic and Latino Individuals, individuals displaced by Hurricane Maria and in need of psychiatric

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 | We provide medical monitoring for those seeking psychiatric services.  | Blood Pressure, BMI, Breath Co2, Weight and waist circumference  |
| <input checked="" type="checkbox"/> Improve mental health   | Improve overall mental health functioning for those with mental health disorders through medication management and referral. | Verbalized improvement in negative symptoms reported. Positive increase in global functioning scores and scores on various mental health inventories, such as the Beck Depression Inventory. |
| <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 checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.) | Improved functioning of those with mental health conditions to improve stability, especially among those who are homeless or displaced. Increase referrals for services to improve long term stability. | Monitor overall wellbeing of those served. Monitor increases in days in community.                                    |
| <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 checked="" type="checkbox"/> Reduce recidivism  | Maintain mental health stability for those who are served, reducing their use of high end services, and or involvement in criminal justice.   | Monitor days in community along with wellbeing.   |
| <input checked="" type="checkbox"/> Reduce substance abuse   | Ensure those with co-morbid disorders do not self medicated with substances, improve ongonig sobriety for those with a substance use disorder through medication management.                            | Monitor days clean of substances through urine drug screens, breathalyzer, direct observation and client self report. |
| <input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system                         | Maintain the mental health stability of youth and adults who have a mental  | Monitor stability of those with a history of acting out or legal system   |

|   |  |              |
|---|--|--------------|
|   | health disorder which would lead to criminogenic behavior or thinking. | involvement. |
| <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: | 300,000        | 100.0%           | 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:  | 0              | 0.0%             | No  |
| <b>TOTAL</b>   | <b>300,000</b> | <b>100%</b>      |   |

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

No