

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Centerstone Psychiatric Residency
2. Date of Submission: 11/04/2019
3. House Member Sponsor: Will Robinson
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? 2019-20
- 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 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <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:		1,000,000	1,000,000		1,000,000	1,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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.
return of unused funds if residency does not operate due to losing accreditation or some other circumstance

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 Stewart
- b. Firm: Johnston and Stewart Government Strategies
- c. Email: amanda@johnstonstewart.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
- c. Service Area (Counties being served by the service(s) provided with funding): DeSoto, Glades, Hendry, Hillsborough, Lee, 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?

Psychiatric Residency program slots to train and retain psychiatrists in Florida. Addresses a critical statewide shortage of physicians specializing in psychiatry at present and in the future. The FDOH reports 48% of licensed psychiatrists in Florida are over the age of 60, another 25.2% are over age 50, which will lead to a greater shortage over the next decade, as an estimated 59% of the psychiatry workforce retires. HRSA estimates a shortage of 1250-1480 psychiatrists by 2030 (2018).

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, clinical training coordinator, and psychiatrist	1,000,000
<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		1,000,000

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)

For Profit

Non Profit 501(c) (3)

Non Profit 501(c) (4)

Local Government (e.g., police, fire or local government buildings, local roads, etc.)

State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

Other (Please describe)

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 Chamber of Commerce, Manatee County Board of County Commissioners, First Step of Sarasota, Sarasota Community Alliance, Manatee Memorial Hospital, Lake Erie College of Medicine

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:

According to the FL DOH's Florida's 2018 Physician Work Force Annual Report, twelve (12) Florida counties have no licensed psychiatrists and eight (8) additional counties have only one licensed psychiatrist. There are 398 psychiatrist vacancies compared to 250 in 2017. The Health Resources and Services Administration (HRSA) estimated a shortage of 800 to 1,000 psychiatrists in Florida compared to estimated need (HRSA, 2018).

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?

each resident will provide psychiatric care to citizens, thereby increasing access to care for all citizens

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

psychiatric evaluations, medication evaluations, physical exams, therapy for mental health and addictions conditions

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): people of all ages

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 type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	MIPS #391 - Follow up within 7 days and 30 days after hospitalization for mental illness (MIPS = Merit Based Incentive Payment System)	Data is collected within an electronic health record and collated for reporting percentage of clients who receive follow-up care 7 and 30 after hospitalization, which is an industry indicator for improved mental health and decreased hospital recidivism
<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 checked="" type="checkbox"/> Create specific immediate job opportunities	Each residency slot is a job opportunity for one person.	Maintain residency slots for eligible candidates.
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		

<input checked="" type="checkbox"/> Reduce recidivism	Reduce recidivism through provision of medication assisted treatment (MAT) for opioid and alcohol use disorders prior to release from jail	Data is collected within an electronic health record and collated for reporting recidivism after release from jail
<input checked="" type="checkbox"/> Reduce substance abuse	1. MIPS #431 - Preventive Care & Screening for unhealthy alcohol use: screening & brief counseling 2. Florida state reporting - abstain from substance use for a minimum of 30 days after enrollment in treatment	1. Report percentage of clients who are screened & percentage of those with unhealthy use who receive counseling, an industry standard to identify early on-set and intervention to prevent worsening of use 2. Report percentage of clients who abstain from substance use, measured by urinalysis
<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 2020-21 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:	1,000,000	50.6%	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:	976,532	49.4%	Yes
5. Other:	0	0.0%	No
TOTAL	1,976,532	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 2020-21 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