

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Park Place Behavioral Health - Pilot Emergency Department Diversion Project
2. Date of Submission: 11/12/2019
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 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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <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 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? 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.  
Refund of Unused Portion

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@hklaw.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 Hea
- b. County (County where funds are to be expended): Osceola
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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 Park Place Pilot Emergency Department Diversion Project will focus on patient-centered care coordination and make available certain substance use services in an effort to address the needs of persons identified at risk for or experiencing a substance use disorder, or surviving an opioid or other drug poisoning (overdose).

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	Licensed Social Worker or professional LMHC/CAP	140,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	medical supplies, office supplies, purchased services and other operation equipment.	35,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	contracted services including peer counseling, education and other substance abuse treatments.	125,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		

TOTAL		300,000
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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)

- 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?

No

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?

Once an overdose occurs, a navigator makes contact with the patient in the ER. If willing, After initial treatment at the ER, the patient will be given counseling and treatment for addiction by professionals.

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

Navigation, Peer recovery support services, brief intervention, support withdraw management, MAT, outreach

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)

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	Decrease in number of visits to the ED	Decrease in number of visits to the ED

<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 PHQ-9.
<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 substance abuse to improve stability. Expanded capacity will allow law enforcement to spend more time in the community.	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 checked="" type="checkbox"/> Create specific immediate job opportunities	The requested funding will increase employment opportunities.	Positions to appropriately staff the emergency rooms.
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	Maintain 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	Monitor days abstinent from

	disorders do not self medicated with substances, improve ongoing sobriety for those with a substance use disorder through medication management.	substances through urine drug screens, breathalyzer, direct observation, client self report and changes/gains in the Recovery Capital Scale.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Maintain the mental health stability of youth and adults who have a mental health disorder which would lead to criminogenic behavior or thinking.	Monitor days in community with no law enforcement 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 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:	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
TOTAL	300,000	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 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