

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: University of Florida Health Center for Psychiatry and Addiction
2. Date of Submission: 11/15/2019
3. House Member Sponsor: Erin Grall  
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>	<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		500,000	500,000

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 the portion of any funds for which performance standards are not met or deliverables are not achieved.

6. Requester:

- a. Name: Wayne Creelman
- b. Organization: University of Florida Health Center for Psychiatry and Addiction Medicine, Vero Beach
- c. Email: creelman@ufl.edu
- d. Phone #: (772)794-0179

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

- a. Name: Marika Brigham
- b. Organization: University of Florida Health Center for Psychiatry and Addiction Medicine, Vero Beach
- c. Email: marika@ufl.edu
- d. Phone #: (352)265-7981

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

- a. Name: Samantha Sexton
- b. Firm: University of Florida
- c. Email: ssexton@ufl.edu
- d. Phone #: (321)544-1577

9. Organization or Name of entity receiving funds:

- a. Name: University of Florida
- b. County (County where funds are to be expended): Indian River
- c. Service Area (Counties being served by the service(s) provided with funding): Brevard, Indian River, Martin, Okeechobee, Palm Beach, St. Lucie

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?

To provide mental health and addiction services to residents of Indian River and surrounding counties. This is also an education site where training is provided to medical students, residents (doctors who are in their first three years of practice, supervised by senior level medical faculty) and fellows (doctors who have completed three years of residency training and are pursuing an optional additional year of specialized training) for community psychiatry, psychology, and addiction specialties

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	Salary support for clinicians as well as residents, fellows and post doctoral associates in training.	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)

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:

Letters of support: Brett Hall, Executive Director, Mental Health Collaborative of Indian River County: Jane Coyle, LCSW in private practice in Indian River county. Major Organizational backing by the IRC hospital district recognized the UF Center as an integral resource for over 11 years.

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:

A Community Needs Assessment Report released in November 2018 by Professional Research Consultants Inc, demonstrates the significant need in the community for Mental Health Care. The survey rated Mental Health at 90% and Substance abuse at 95% as major or moderate health problems in the community. Top Concerns: Access to Care/Services, Denial/Stigma and Diagnosis/Treatment.

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?

1) Training for medical students, residents, fellows and post doctoral associates in the mental health and addiction specialties. 2) Clinical care of patients/residents of Indian River and surrounding counties.

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

- 1) Clinical services to meet the demand for mental health treatment and addiction treatment services to residents of the service counties.
- 2) Outpatient services including medication management, psychotherapy, psychological testing and addiction treatment.

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 type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Children, families and senior have decreased mental and behavioral health issues.	Measure using # of unique patients served in fiscal year who received a mental health screening vs. # of those who received a screening returned to receive intervention services.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	There is a nationwide physician shortage and psychiatrists are the 2nd most in-demand specialty after the family physician. Our training program aims to increase the number of practicing clinicians in FL.	1) Increase number of psychiatrists and psychologists trained/entering practice in Indian River County and in the surrounding counties. 2) Increase number of psychiatrists and psychologists who practice in community settings in the State of Florida.
<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	Reducing substance abuse usage amongst citizens in Indian River and surrounding counties.	Administrating periodic drug screens to use as comparison to # or % of negative screens of current patients being treated.
<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:	500,000	23.1%	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:	100,000	4.6%	Yes
5. Other:	1,566,853	72.3%	No
<b>TOTAL</b>	<b>2,166,853</b>	<b>100%</b>	

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