



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2431

1. **Title of Project:** Funding Increase for South Florida State Hospital

2. **Senate Sponsor:** Manny Diaz

3. **Date of Submission:** 03/11/2019

4. **Project/Program Description:**

Wellpath Recovery Solutions has operated South Florida State Hospital since 1998. In 2017, Wellpath Recovery Solutions was re-awarded the contract through a competitive procurement process. This request for recurring funds would be in fulfillment of this competitive procurement.

5. **State Agency to receive requested funds :** Department of Children and Families

State Agency Contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	3,344,548
Fixed Capital Outlay	
Total State Funds Requested	3,344,548

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	3,344,548	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	3,344,548	100.0%

8. **Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19	36,926,276		334	No

9. **Is future-year funding likely to be requested?** Yes

a. If yes, indicate non-recurring amount per year. \$3,344,548

10. **Details on how the requested state funds will be expended**

Spending Category	Description	Amount
Administrative Costs:		



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Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Administrative services such as operational management, medical oversight, compliance, financial management and support for implementation of electronic medical records consistent with approved procurement as per ITN #07H17GN1.	2,127,482
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits	Staff salaries consistent with approved procurement as per ITN #07H17GN1.	855,590
Expense/Equipment/Travel/Supplies/Other	Utilities, telephone, office supplies and other contracted services consistent with approved procurement as per ITN #07H17GN1.	270,476
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Replacement of equipment and basic repairs and upgrades to physical plant consistent with approved procurement as per ITN #07H17GN1.	91,000
Total State Funds Requested (must equal total from question #6)		3,344,548

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?

Improve patient outcomes through increased staff retention; increase support services and continued operation of 341 beds.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?

Management and operation of South Florida State Hospital.

c. What are the direct services to be provided to citizens by the appropriations project?

Comprehensive psychiatric and medical services.

d. Who is the target population served by this project? How many individuals are expected to be served?

The target population is: any person committed by Ch. 394 F.S., known as the Baker Act, who are 18 years of age or older; any person committed under Ch. 916 F.S., who is found incompetent to proceed or not guilty by reason of insanity; individuals detained under federal court orders recognized by Title 18 U.S.C. and Part II of Ch. 394 F.S. Facility currently maintains 341 beds.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

To improve patient outcomes through increased staff retention; increase support services and continued operation of 341 beds. Outcome will be measured by staff turnover and continued operation of 341 beds.



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- f. **What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?**

Existing contract addresses penalties.

12. **The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

N/A

13. **Requestor Contact Information:**

- a. **Name:** Jeremy Barr
- b. **Organization:** WellPath Recovery Solutions
- c. **E-mail Address:** jbarr@wellpath.us
- d. **Phone Number:** (615)312-7201

14. **Recipient Contact Information:**

- a. **Organization:** WellPath Recovery Solutions
- b. **County:** Statewide
- c. **Organization Type:**
 - ☒ For Profit
 - ☐ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)
- d. **Contact Name:** Jeremy Barr
- e. **E-mail Address:** jbarr@wellpath.us
- f. **Phone Number:** (615)312-7201

15. **Lobbyist Contact Information**

- a. **Name:** Heather Turnbull
- b. **Firm Name:** Rubin, Turnbull & Associates
- c. **E-mail Address:** turnbullh@rubingroup.com
- d. **Phone Number:** (305)495-3868