



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Osceola Mental Health Psychiatric Support

2. **Senate Sponsor:** Kelli Stargel

3. **Date of Submission:** 01/04/2018

4. **Project/Program Description:**

Bi-lingual psychiatrist from Puerto Rico to serve current caseload (65% Spanish-Speaking) for patients needing services for Mental Health and Substance Abuse disorders.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Children and Families

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
300,000		300,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 300,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

### 10. Is future-year funding likely to be requested?

No

### 11. Program Performance:

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

To meet growing mental health and behavioral health needs of Spanish-speaking population in Osceola County, including those from Puerto Rico who have been displaced due to Hurricane Maria.

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

Psychiatric evaluation and ongoing medication management for mental health disorders.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Psychiatric support.	300,000
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		300,000

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

Support the salary of a bi-lingual Psychiatrist who will provide psychiatric evaluation and ongoing medication management for mental health disorders.

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

The target population is between 201-400 people. The groups served include Hispanic and Latino populations, persons displaced by Hurricane Maria, persons with poor mental health, drug users, grade school students, high school students, college students, currently or formerly incarcerated persons, victims of crime, homeless, at-risk youth, and elderly persons.

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

Improve physical health, improve mental health, protect the general public from harm, reduce substance abuse, reduce recidivism, and divert from the criminal and juvenile justice systems.

**g. 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?**

Return of unused funds.

**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:** Jim Shanks
- b. **Organization:** Osceola Mental Health, Inc., dba Park Place Behavioral Health
- c. **Email:** jims@ppbh.org
- d. **Phone Number:** (407)846-0023

**14. Recipient Contact Information:**

- a. **Organization:** Osceola Mental Health, Inc., dba Park Place Behavioral Health
- b. **County:** Osceola
- c. **Organization Type:**
  - ☐ For Profit
  - ☒ Non Profit 501(c) (3)



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- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

**d. Contact Name:** Natalie Mullett

**e. E-mail Address:** Nataliem@ppbh.org

**f. Phone Number:** (407)846-0023

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

**a. Name:** Kimberly Case

**b. Firm:** Holland & Knight

**c. Email:** Kimberly.case@hklaw.com

**d. Phone Number:** (850)425-5603