1. **Title of Project:** Graduate Medical Education Funding
2. **Senate Sponsor:** Darryl Rouson
3. **Date of Submission:** 02/12/2019
4. **Project/Program Description:**
   DACCO Behavioral Health, Inc. has supported the rotation of Medical residents and fellows in psychiatry and addiction medicine through their substance abuse, mental health, and behavioral health treatment programs. The outpatient and residential rotation exposes the practitioners to the field of recovery and many choose this as a career. Having these practitioners on site enhances the services offered to the addicted patients.
5. **State Agency to receive requested funds:** Agency for Health Care Administration
   State Agency Contacted? Yes
6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**
<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>77,060</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>77,060</td>
</tr>
</tbody>
</table>
7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**
<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>77,060</td>
<td>38.53%</td>
</tr>
<tr>
<td>Federal</td>
<td>122,940</td>
<td>61.47%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td>200,000</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
8. **Has this project previously received state funding?** Yes
<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Recurring</th>
<th>Amount</th>
<th>NonRecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017-18</td>
<td>76,760</td>
<td>197</td>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>
9. **Is future-year funding likely to be requested?** Yes
   a. If yes, indicate non-recurring amount per year. $77,060
10. **Details on how the requested state funds will be expended**
   | Spending Category | Description | Amount |
The Florida Senate
Local Funding Initiative Request
Fiscal Year 2019-2020

LFIR#: 1668

Administrative Costs:
- Executive Director/Project Head Salary and Benefits
- Other Salary and Benefits
- Expense/Equipment/Travel/Supplies/Other
- Consultants/Contracted Services/Study

Operational Costs:
- Salary and Benefits $156,000 for fellows and residents and $44,000 for their attending supervision
- Expense/Equipment/Travel/Supplies/Other
- Consultants/Contracted Services/Study

Fixed Capital Construction/Major Renovation:
- Construction/Renovation/Land/Planning Engineering

Total State Funds Requested (must equal total from question #6) 77,060

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?
   Training psychiatry residents in addiction medicine and medication assisted treatments as well as fellows in addiction medicine or addiction psychiatry, the new specialty of medical education for the University of South Florida Medical School.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?
   Patient care and supervision of over 150 patients, each in need.

c. What are the direct services to be provided to citizens by the appropriations project?
   Psych Evaluations, medication assisted treatments of suboxone, vivitrol, and methadone, assessment for level of care, ER referrals, and pain management evaluations for addiction.

d. Who is the target population served by this project? How many individuals are expected to be served?
   Indigent and Medicaid funded clients. Approximately 2,000 individuals total.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
   More physicians trained in addiction medicine as part of their medical training.

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?
   Loss of contract with the University of South Florida if the training is insufficient.

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.
No
13. Requestor Contact Information:
   a. Name: Mary Lynn Ulrey
   c. E-mail Address: marlynnu@dacco.org
   d. Phone Number: (813)384-4200

14. Recipient Contact Information:
   b. County: Hillsborough
   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: Mary Lynn Ulrey
   e. E-mail Address: marlynnu@dacco.org
   f. Phone Number: (813)384-4200

15. Lobbyist Contact Information
   a. Name: Jan Gorrie
   b. Firm Name: Ballard Partners
   c. E-mail Address: jan@ballardfl.com
   d. Phone Number: (813)334-5288