



# The Florida Senate

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

1. **Title of Project:** Meridian Health (Primary Care) Clinic

2. **Senate Sponsor:** Keith Perry

3. **Date of Submission:** 12/15/2017

4. **Project/Program Description:**

This project supports a primary care clinic for individuals with mental illness and substance use disorders who are without primary care. The clinic provides basic medical care to patients who are not receiving such care from any other source, tend to use the emergency room for care, and have difficulties related to their mental illness that interferes with their effective use of traditional clinics. Further, because the clinic is integrated with their behavioral health treatment, all services are coordinated in real time so that we address the medical problems and social determinants that affect adherence to treatment and improved outcomes concurrently.

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
500,000		500,000

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	245,000	32.9%
TOTAL	245,000	32.9 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 745,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 4

c. What is the most recent fiscal year the project was funded? 2017-18



# The Florida Senate

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

- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No  
 e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18		
	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		500,000	500,000

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

Yes

- a. If yes, indicate non-recurring amount per year.

\$500,000

**11. Program Performance:**

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

Enhanced health outcomes for individuals with mental illness and substance use disorders that are currently unable to adequately receive these services. Individuals with severe mental illness have higher medical costs and are often uninsured. They do not use traditional primary care effectively for a variety of reasons related to their psychiatric condition. They have high rates of metabolic syndrome or cardio-vascular disease, or are smokers. Life expectancy is 25 years below the average. This clinic can integrate their general medical care with their psychiatric care in ways that promote further adherence to treatment, thus improving outcomes while reducing the cost of care.

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

The funds will pay for the physical exams, labs, follow-up care, care coordination, and general operation of a primary care clinic to ensure integration across medical providers at Meridian and with any needed specialty care in the community.

- c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and	.05FTE Chief Medical Officer	12,504



# The Florida Senate

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

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	ARNP, LPN (2), Care Coordinators (3), Reception, Data Clerk	427,395
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Small equipment, labs, liability insurance, building occupancy, pharmaceuticals, HIMS, phones, etc	60,101
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

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

Physical exams, labs, follow-up care, preventive care, care coordination, referral, and triage.

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

Individuals with mental illnesses and substance use disorders who are patients of Meridian Behavioral Healthcare or referred to Meridian for both behavioral and general medical care because their needs are not adequately met in traditional healthcare settings.

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

Failure to recognize and address substance abuse and mental health needs, along with primary health care needs, greatly compromises the overall health of the individual and ultimately increases the burden placed upon the health care system and society in general. The expected outcomes include: (1) Better overall health status of those served by the project; (2) Increased number of individuals receiving early intervention/prevention services before they progress to a chronic health state; (3) Improved access to primary care services; (4) Integrated physical and behavioral healthcare and (5) Improved cost effectiveness in the



# The Florida Senate

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

service delivery system. The improved health status and patient experience will be evaluated using specific, diagnosis related measures and targets.

- 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?**

Funds are being drawn down on a unit cost basis. The funds are provided by the Managing Entity (ME) as services are delivered. If services are not provided, there is no reimbursement. The ME monitors performance outcomes in addition to the volume of services provided.

- 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:**

- Name:** Margarita Labarta
- Organization:** Meridian Behavioral Healthcare, Inc
- Email:** Maggie\_labarta@mbhci.org
- Phone Number:** (352)374-5600 Ext. 8220

- 14. Recipient Contact Information:**

- Organization:** Meridian Behavioral Healthcare, Inc
- County:** Alachua, Baker, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Suwannee, Union
- Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify)
- Contact Name:** Margarita Labarta
- E-mail Address:** Maggie\_labarta@mbhci.org
- Phone Number:** (352)374-5600 Ext. 8220

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

- Name:** Larry Overton
- Firm:** Overton & Associates
- Email:** loverton@loverton.net
- Phone Number:** (850)224-2859