

Local Funding Initiative Request – Fiscal Year 2017-2018

1.	Project Title:	Graduate Medical Education for Addiction Medicine at a Substance Abuse
		Treatment Facility
2.	Senate Sponsor:	Brandes
3.	Date of Request:	4/4/2017

4. Project/Program Description:

\$200,000 to support Graduate Medical Education for Addiction Training in Residency or Fellowship to prepare Doctors to address addiction, learn Medication Assisted Treatments, Detox protocols for varying substances and Best practicies for assessment, outpatient and residential services under the supervision of Board Certified Psychiatrist with addiction certification or Board Certified Addictionologists. Addiction is a new subspecialty under the Ameican Medical Association Medical Specialties under Prevetative Medicine as of March 2015 and with the Opiate Crisis, Florida is in desperate need for trained physicians. Psychiatry residentcy is 4 years and only includes 1 month of addictions training. It is essential we grow this subspecialty.

5. State Agency to receive requested funds:
State Agency Contacted?

Agency for Health Care Administration

No

6. Amount of the Non-Recurring Request:

o			
Amount Requested for Operations	Amount Requested for	Total Amount of	
	Fixed Capital Outlay	Requested State Funds	
\$200,000	0	\$200,000	

7. Total Project Cost (if greater than Total Requested State Funds):

Click here to enter text.

8. Type, amount and percent of matching funds available for this project:

Туре	Amount	Percent
Federal:	Click here to enter text.	Click here to enter text.
State (Excluding the amount of this	Click here to enter text.	Click here to enter text.
request):		
Local:	\$200,000	100%
Other:	Click here to enter text.	Click here to enter text.

9. Was the project previously funded by the State?

Fiscal Year(s)	Amount		Vetoed
	Recurring	Non-Recurring	
NO	Click here to	Click here to	Click here to enter text.
	enter text.	enter text.	
Click here to enter text.	Click here to	Click here to	Click here to enter text.
	enter text.	enter text.	
Click here to enter text.	Click here to	Click here to	Click here to enter text.
	enter text.	enter text.	
Click here to enter text.	Click here to	Click here to	Click here to enter text.
	enter text.	enter text.	

10. Is future-year funding likely to be requested? If yes, indicate non-recurring amount per year.

Yes, as the opiod crisis is upon us and need for the addicition specialty has grown exponentially.



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- 11. Program Performance (if needed, include additional documentation):
 - a. What is the specific purpose or goal that will be achieved by the funds requested?
 Treatment of addiction diagnosis by a qualified, educated group and ability to refer for consultation in a hospital our outpatient setting.
 - b. What are the activities and services that will be provided to meet the intended purpose of these funds?

 On site training at an substance abuse treatment facility by medical staff that has been approved by the University of Florida and the University of South Florida Medical Schools as adjunct professors for on-site supervision of Residents and Fellows. The program will offer training in detox; medication assisted treatments of methadone, suboxone and vivitrol; pain management consults; outpatient and residential services and treatment team participation; assessments for level of care placements by ASAM and community trainings.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head	Click here to enter text.	Click here to enter text.
Salary and Benefits		
Other Salary and Benefits	Click here to enter text.	Click here to enter text.
Expense/Equipment/Travel/	Click here to enter text.	Click here to enter text.
Supplies/Other		
Consultants/Contracted Services/	Click here to enter text.	Click here to enter text.
Study		
Operational Costs:		
Salary and Benefits	Salary and benefits of medical	\$200,000
	resident or fellow and	
	supervising MD.	
Expense/Equipment/Travel/	Click here to enter text.	Click here to enter text.
Supplies/Other		
Consultants/Contracted Services/	Click here to enter text.	Click here to enter text.
Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/	Click here to enter text.	Click here to enter text.
Planning Engineering		

- d. What are the direct services to be provided to citizens by the appropriations project?
 Training and treatment of medicaid and indigent patients across the spectrum of population with addictive disorders including adults and youth.
- e. Who is the target population served by this project? How many individuals are expected to be served.

 Clients that qualify for addiction diagnosis by DSM V will be served and 90% of our clients fall below the poverty level or on Medicaid. DACCO treats 6000 people annually and these medical staff will see approximately 2000 throughout the year.
- f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be mesasured?
 - To make an impact on the opiod crisis in Florida; to provide trained medical staff to address addiction throughout the State of Florida by providing the medical education necessary to treat.
- 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?



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		No		
12.		owners of the facility to receive, di tionship between the owners of the	rectly or indirectly, any fixed capital outlay funding. Include the e facility and the entity.	
Ĺ	No			
13.	Requestor Contact information:			
	a.	Name and Title:	Mary Lynn Ulrey, CEO, MS, ARNP	
	b.	Organization:	DACCO Behavioral Health	
	c.	E-mail Address:	marylynnu@dacco.org	
	d.	Phone Number:	813-384-4200 direct line	
14.	Reci	Recipient Contact Information:		
	a.	Organization:	DACCO Behavioral Health	
	b.	Municipality and County:	Hillsborough	
	c.	Organization type (check all that a For-profit Entity Non Profit 501(c) (3) Non Profit 501(c) (4) Local Entity University or College	apply):	
		Other (please specify)	Click here to enter text.	
	d.	Contact Name and Title:	Mary Lynn Ulrey	
	e.	E-mail Address:	marylynnu@dacco.org	
	f.	Phone Number:	813-384-4200	
15.	Lobbyist Contact Information:			
	a.	Name:	Jan Gorrie	
	b.	Firm:	Ballard Partners	
	c.	Email Address:	jan@ballardfl.com	
	d.	Phone Number:	813-334-5288	
Pleas	e cor	nplete the questions below for Wa	ter Projects only.	
16.	Have	e you applied for alternative state f Waste Water Revolving Loan Drinking Water Revolving Loan Small Community Wastewater Treatment Grant Other (Please describe) N/A	Funding? Click here to enter text.	
17.	Wha	at is the population economic statu	s?	



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	\boxtimes	Financially Disadvantaged Community (ch. 62-552, F.A.C)	
		Financially Disadvantaged Municipality (ch. 62-552, F.A.C)	
		Rural Area of Economic Concern	
		Rural Area of Opportunity (s. 288-0656, Florida Statutes)	
18.	Wha NA	What is the status of construction? NA	
19. What percentage of the construction has been completed? What is the estimated on NA		t percentage of the construction has been completed? What is the estimated completion date?	
		This document will be posted on the Florida Senate website for public viewing.	