

Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Meridian Health Home
2. Date of Submission: 12/14/2015
3. House Member Sponsor(s): W. Perry

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- b. What is the most recent fiscal year the project was funded? 2015-16
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- d. Complete the following Project Request Worksheet to develop your request (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:	0	500,000	500,000	0	500,000	0	500,000

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs

5. Requester:

- a. Name: Dr. Maggie Labarta
- b. Organization: Meridian Behavioral Healthcare
- c. Email: maggie_labarta@MBHCI.org
- d. Phone #: (352)374-5600 Ext. 8220

6. Organization or Name of Entity Receiving Funds:

- a. Name: Meridian Behavioral Healthcare
- b. County (County where funds are to be expended) Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Union
- c. Service Area (Counties being served by the service(s) provided with funding) Alachua, Bradford, Columbia, Dixie, Hamilton, Lafayette, Levy, Suwannee, Union

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

a) Description of Services:

- ? Coordinate all care for patients selected
- ? Telehealth consultation
- ? Provide primary care, psychiatric and addiction services
- ? Coordinate referrals for other specialty care
- ? Ensure labs, prescriptions and other ancillary services are provided and monitor progress
- ? Coordinate discharge from any inpatient care, with the intent of preventing re-admission
- ? Collect relevant data to track impact on health outcomes and cost

b) Purpose of the project: Development of a Health Home for individuals with severe mental illness (SMI) and/or substance use disorders within the community mental health center. Provides for creation of a primary care clinic and staff training to implement this nationally recognized care model within our Center prioritizing the 60% of our SMI patients who now do not have active relationships with primary care and whose care for non-psychiatric conditions is not coordinated. Our patient population is drawn from a poor, underserved region of the state that has significant health disparities.

c) Target Population: SMI and substance use disordered patients who currently lack primary care either because they are uninsured or because they do not access services in the medical community for reasons related to their illness. Many feel we are their health home and they are not able to effectively use other services because of their primary psychiatric or substance use disorder.

d) Benefit to the State of Florida: Decrease use of costly services, effective transition between levels of care to improve adherence to treatment

recommendations. Improved access to healthcare services in a population with high risk co-morbidities and high morbidity and mortality.

e) Return on Investment: Health homes for this population are relatively new and data is scarce. ROI will largely rest in the hospital and ED utilization since this population tends not to receive care until the condition requires in-patient or costly care; or use the ED in lieu of primary care. The goal is to provide prevention and early detection of those chronic disorders that this population often has: Diabetes, hypertension, obesity, COPD. Clinically, research shows these individuals have better health outcomes when all of their care is coordinated through the provider of their most serious condition, in this case their SMI.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: 50,000

Other: 295,000

9. Is this a multi-year project requiring funding from the state for more than one year?

Yes