

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Two Spirit Health Services - Health Services to Persons Affected by the Pulse Nightclub Shooting
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Carlos Smith  
Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No  
***If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E***
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget  <i>(Will equal non-vetoed amounts provided in Column A)</i>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					300,012	300,012

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? No
  - 5a. If yes, which state agency?
  - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Children and Families
  - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
  - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Previous contracts with we have held with ACA have provisions for Corrective Action Plans and assessment of damages should deliverables not be met. We have satisfied all deliverables with our funders.

6. Requester:

- a. Name: David Baker-Hargrove
- b. Organization: Two Spirit Health Services, Inc.
- c. Email: drdavid@twospirithealth.org
- d. Phone #: (407)953-9734

7. Contact for questions about specific technical or financial details about the project:

- a. Name: David Baker-Hargrove
- b. Organization: Two Spirit Health Services, Inc.
- c. Email: drdavid@twospirithealth.org
- d. Phone #: (407)953-9734

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Two Spirit Health Services, Inc.
- b. County (County where funds are to be expended): Orange
- c. Service Area (Counties being served by the service(s) provided with funding): Brevard, Lake, Orange, Osceola, Polk, Seminole

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College

Other (Please describe)

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

The provision of comprehensive outpatient medical and behavioral health services for persons who were in the club the night of the shooting, their loved ones, the loved ones of those killed in the shooting, and general members of the LGBTQ community who feel profoundly affected by the shooting.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	CEO/COO/Office Mgr./Executive Assistant	107,517
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Employer paid taxes	8,064
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Rent/Electronic Medical Record/Phone and Internet	39,790
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	3 Medical Providers, 3 Behavioral Health Counselors, 3 Medical assistants, behavioral health admin assistant	144,641
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		

TOTAL		300,012
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13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

N/A

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

No

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

The provision of comprehensive outpatient medical and behavioral health services for persons who were in the club the night of the shooting, their loved ones, the loved ones of those killed in the shooting, and general members of the LGBTQ community who feel profoundly affected by the shooting.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Comprehensive outpatient medical services to include primary care, psychiatry, and behavioral health counseling.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth

- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Our patients are at high-risk for substance use and high-risk sexual behaviors due to trauma. Health indicators will include referral for substance use treatment to behavioral health, routine STD/HIV testing to stop the spread of STDs/HIV, and improved baseline health indicators on follow-up	-Routine HIV/STD tests performed on each patient and treated as necessary. -referral to our behavioral health staff when indicated. All patients being asked about level of substance use. -lab screenings on follow up visits to examine health indicators as compared to baseline at

	examinations by medical providers.	intake.
<input checked="" type="checkbox"/> Improve mental health	Patients are assessed for PTSD, depression, anxiety and substance use disorder at intake.	Improved self-report scores on dimensions of PTSD, depression and anxiety upon completion of treatment.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		

<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	300,012	39.1%	N/A
2. Federal:	435,267	56.8%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	31,667	4.1%	Yes
<b>TOTAL</b>	<b>766,946</b>	<b>100%</b>	

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

No