

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Mental Health and Telehealth Services for Children and Families
2. Date of Submission: 11/04/2019
3. House Member Sponsor: Loranne Ausley
Members Copied: Ramon Alexander

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, Col. E
- b. What is the most recent fiscal year the project was funded? 2019-20
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <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>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		165,000	165,000		350,000	350,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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? Yes
 - 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.
Financial penalty for failing to meet contract deliverables.

6. Requester:

- a. Name: Courtney Atkins
- b. Organization: Whole Child Leon
- c. Email: courtney@wholechildleon.org
- d. Phone #: (850)692-3134

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

- a. Name: Courtney Atkins
- b. Organization: Whole Child Leon
- c. Email: courtney@wholechildleon.org
- d. Phone #: (850)692-3134

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

- a. Name: Ron Greenstein
- b. Firm: Ron Greenstein
- c. Email: rgreen2505@aol.com
- d. Phone #: (954)610-7745

9. Organization or Name of entity receiving funds:

- a. Name: Whole Child Leon
- b. County (County where funds are to be expended): Leon
- c. Service Area (Counties being served by the service(s) provided with funding): Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla

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?

To expand the pediatric behavioral health navigator program to meet the increased need for services by children and families affected by Hurricane Michael. This program will include an integrated team approach. There is a need for the expansion of staff, including physicians, nurse practitioners, and licensed mental health clinicians. Funds will be used to purchase equipment, new technological support, and travel for county-specific duties.

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	Executive Director of the managing entity to provide program oversight, expansion of partner-provider relationships, fiscal oversight, and reporting.	60,000
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Program evaluation and book keeping/accounting	20,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Project lead: overseeing the specific development of the project in the impact counties, direct report for all project staff, and outreach and contact for partnering clinicians.	60,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	The project will require the establishment of additional satellite offices in impacted counties,	50,000

	including additional telehealth equipment and supplies.	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Additional clinical consultation and program support needed to meet the needs for expanding the scope of the existing project.	160,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		350,000

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)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

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?

Yes

15a. Please Describe:

Letters of support will be provided from working alliances and community partners, including: Florida State University College of Medicine, Tallahassee Pediatric Foundation, Early Learning Coalition, and Apalachee Center.

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

Yes

16a. Please Describe:

Senate Agriculture Committee, FEMA, Florida Department of Agriculture and Consumer Services, Senate Banking and Insurance Committee, and Senate Environment and Natural Resources Committee.

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?

Through an integrated healthcare model, families affected by Hurricane Michael will be provided with behavioral health navigation services, and subsequently appropriate quality referrals for initiation and continuation of services.

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

Families affected by Hurricane Michael will be provided with healthcare information and education, including referrals to physicians and supportive care services related to prevention, diagnosis, timely treatment, and follow-up care.

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	Due to the provision an expanded array of home and community-based services and supports, clients will be connected to healthcare services and other prevention supports that will decrease their use of physical health services and emergency rooms. The increased cross-system collaboration will improve the use of Medicaid and other resources.	The Behavioral Health Navigator expansion will meet with and provide assistance to children and families, connecting them to an expanded array of home and community-based services and supports.
<input checked="" type="checkbox"/> Improve mental health	Due to the provision an expanded array of home and community-based services and supports, clients will be connected to healthcare services and other prevention supports that will decrease their use of physical health services and emergency rooms. The increased cross-system collaboration	The Behavioral Health Navigator expansion will meet with and provide assistance to children and families, connecting them to an expanded array of home and community-based services and supports.

	will improve the use of Medicaid and other resources.	
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Due to the provision an expanded array of home and community-based services and supports, clients will be connected to healthcare services and other prevention supports that will decrease their use of physical health services and emergency rooms. The increased cross-system collaboration will improve the use of Medicaid and other resources.	The Behavioral Health Navigator expansion will meet with and provide assistance to children and families, connecting them to an expanded array of home and community-based services and supports.
<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 checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Due to the provision an expanded array of home and community-based services and supports, clients will be connected to healthcare services and other prevention supports that will decrease their use of physical health	The Behavioral Health Navigator expansion will meet with and provide assistance to children and families, connecting them to an expanded array of home and community-based

	services and emergency rooms. The increased cross-system collaboration will improve the use of Medicaid and other resources.	services and supports.
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	Decrease in behavioral and emotional problems, including decrease in substance use.	The Behavioral Health Navigator expansion will meet with and provide assistance to children and families, connecting them to an expanded array of home and community-based services and supports.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Decreased behavioral and emotional problems will result in decreasing juvenile justice involvement.	The Behavioral Health Navigator expansion will meet with and provide assistance to children and families, connecting them to an expanded array of home and community-based services and supports.
<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 2020-21 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:	350,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	350,000	100%	

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

No