

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: University of Miami - School Health Initiative
2. Date of Submission: 11/14/2019
3. House Member Sponsor: Anthony Rodriguez
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 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:					1,800,000	1,800,000

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 Education
 - 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.
Subject to penalties set forth by the Department of Education

6. Requester:

- a. Name: Lisa Gwynn
- b. Organization: University of Miami Miller School of Medicine
- c. Email: lgwynn@med.miami.edu
- d. Phone #: (305)243-3440

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

- a. Name: Lisa Gwynn
- b. Organization: University of Miami Miller School of Medicine
- c. Email: lgwynn@med.miami.edu
- d. Phone #: (305)243-3440

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

- a. Name: Raena Wright
- b. Firm: University of Miami
- c. Email: raenawright@miami.edu
- d. Phone #: (786)574-0777

9. Organization or Name of entity receiving funds:

- a. Name: University of Miami
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade

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 create access to better health care that will improve health, school attendance, and school performance of students by providing high quality, comprehensive health care for children in Miami-Dade County Schools who are traditionally under-served. The School Health Initiative aims to provide (1) a convenient, coordinated system of health care; (2) improved student access to physical and mental health care; (3) Improved overall wellness and health status of under served students.

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 type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Medical Director, project manager, pediatrician, Mental Health Director, social worker, patient navigators, nurses, mental health interns, Telehealth Coordinator and other operational staff	1,579,885
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	These funds will be utilized to support the goals and services noted in this form, this includes necessary supplies and resources for the operation of school-based clinics	220,115

<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,800,000

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:

Miami Dade County Public Schools; AGAPE Behavioral Health Network; The Children’s Health Fund; UM Division of Prevention Science and Community Health – EHealth Familias Unidas; The Dr. John T. Macdonald Foundation; The Children’s Trust

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:

Health Resources and Services Administration (HRSA): <https://www.hrsa.gov/our-stories/school-health-centers/index.html> (School Based Health Centers) US National Library of Medicine, National Institutes of Health (NIH): <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3770486/>

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?

School-based health clinics provide direct access to primary care health services and screenings alongside counseling and referral to sub-specialty services as needed. Sub-specialty care is provided using telehealth to link students to care at the University of Miami Health System.

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

Services include physical exams, primary care including care for students with chronic disease (e.g., asthma, diabetes, sickle cell anemia), sports physicals, reproductive health, lab services, immunizations, screenings, electrocardiograph testing, mental health screening, preventive health services.

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	Providing primary care physical exams and health care screenings at an early age and following-through the student's K-12 education leading to overall better healthcare outcome of child.	Earlier detection/prevention of illness/ailment and on site treatment to improve status of health. Benefits will be tracked by collected encounter data.
<input checked="" type="checkbox"/> Improve mental health	Providing access to mental health screenings and counseling referrals to students.	Earlier detection through the tracking of clinical encounters and referrals; Providing access to care for under-served population of students.
<input checked="" type="checkbox"/> Enrich cultural experience	Improve access to quality, comprehensive healthcare services for under-served, uninsured population of students at the site where students spend the majority of their time.	Improved healthcare outcomes for the under-served, uninsured population being served.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Providing comprehensive primary care and health care	With healthier students, school attendance is increased and school

	services/screenings to students for better health status and overall improved wellness.	performance is improved. Students more likely to stay in school when seen on-site, assessed, and cared for at school.
<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 checked="" type="checkbox"/> Increase or improve economic activity	Overall improved health status and wellness of students with access to care and treatments as they grow and are provided health services Pre-K-12.	Healthier students and lifestyle leads to more productivity and improved school performance. With improved wellness a student has the opportunity to become more successful.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Provide a learning experience for health care professional students who rotate through the on-site clinics (medical, nursing, public health, etc.)	Job opportunities within the on-site school based health clinics and with rotating healthcare professionals at each school where health services are provided will be tracked.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Overall improved health status and wellness of students with access to care and treatments as future members of the nation's workforce.	Healthier students and lifestyle leads to more productivity and improved school performance. With improved wellness a student has the opportunity to become more successful.
<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 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:	1,800,000	48.3%	N/A
2. Federal:	100,000	2.7%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	1,827,000	49.0%	Yes
TOTAL	3,727,000	100%	

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

Yes

20a. How much state funding would be requested after 2020-21 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select "ongoing activity".

- ongoing activity – no total cost
- <1M
- 1-3M
- >3-10M
- >10M