

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Nurse-Family Partnership Implementation Funding
2. Date of Submission: 11/14/2019
3. House Member Sponsor: James Grant
Members Copied:

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:		750,000	750,000		2,500,000	2,500,000

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 Health
 - 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.

Deductions in payments for less than 90% performance expectations or achievement of tasks (ie. hiring/training nurses). Repeated/egregious failures should result in contract cancellation/transfer.

6. Requester:

- a. Name: Gabrielle Burgerstock
- b. Organization: Nurse-Family Partnership NAational Service Office
- c. Email: gbargerstock@nursefamilypartnership.org
- d. Phone #: (321)261-1454

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

- a. Name: Gabrielle Burgerstock
- b. Organization: Nurse-Family Partnership NAational Service Office
- c. Email: gbargerstock@nursefamilypartnership.org
- d. Phone #: (321)261-1454

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

- a. Name: Matthew Blair
- b. Firm: Corcoran Partners
- c. Email: matt@corcoranpartners.com
- d. Phone #: (813)527-0172

9. Organization or Name of entity receiving funds:

- a. Name: Nurse-Family Partnership Program in FL local organizations
- b. County (County where funds are to be expended): Brevard, Broward, Calhoun, Collier, Duval, Escambia, Gulf, Hillsborough, Indian River, Jackson, Lee, Leon, Liberty, Manatee, Martin, Miami-Dade, Orange, Osceola, Polk, St. Lucie, Santa Rosa, Sarasota
- c. Service Area (Counties being served by the service(s) provided with funding): Brevard, Broward, Calhoun, Citrus, Collier, Duval, Escambia, Gulf, Hernando, Indian River, Jackson, Lake, Lee, Leon, Liberty, Manatee, Martin, Miami-Dade, Orange, Osceola, Polk, St. Lucie, Santa Rosa, Sarasota, Sumter

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?

Nurse-Family Partnership’s overarching goals are to:

1. Improve pregnancy outcomes;
2. Improve child health and development;
3. Improve the economic self-sufficiency of the family.

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 and Project Coordinator salaries and benefits	62,500
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Contracts Manager, Finance Manager, and administrative support salaries and benefits	150,000
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Data system access, evaluation and outcome reports, technical assistance and support from NFP National Office	15,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Nurse home visitor, Nurse Supervisor, and Data support salaries	1,700,000

<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Nurse trainings, travel, medical equipment, program supplies, nurse consultation, etc.	572,500
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		2,500,000

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:

NFP NSO has multiple letters of support from communities implementing and requesting expansion of NFP that can be shared.

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:

FL has regular needs assessments conducted by Healthy Start to ascertain areas of need and indicators of importance for each county. AHCA has also prioritized maternal and birth outcomes for FL and ties outcome payments to success. Finally, FL CHARTS birth data viewer demonstrates the need for NFP. Also, in 2019 FL foundations funded an independent, Pay for Success Feasibility Analysis. This in-depth analysis demonstrated strong need as well as a \$25,000 per family savings to FL govt for NFP

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

No

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	<ul style="list-style-type: none"> • 31% reduction in child maltreatment • 38% reduction in emergency dept use related to childhood injuries (0-2) • 24% decrease in smoking during pregnancy • 27% decrease in pregnancy-induced hypertension • 18% decrease in first preterm births and 41.4 fewer subsequent preterm births per 1000 families served • 60% decrease in infant mortality • 31% decrease in closely-spaced 2nd births • 89% of moms breastfeed • 95% full immunization status (ages 0-2) 	Each outcome generated by the Nurse-Family Partnership model has been shown across multiple randomized controlled trials and/or large scale research studies. In addition, replication impacts are constantly tracked via online national database.
<input type="checkbox"/> Improve mental health		
<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 checked="" type="checkbox"/> Increase or improve economic activity	<ul style="list-style-type: none"> • FL PFS Feasibility demonstrates a \$25,000 per family savings specifically for the state of FL • 7% reduction in TANF payments (through 9 years postpartum) • 9% reduction in Food Stamp Payments (through 10 years postpartum) • 7% reduction in person-months of Medicaid coverage (through 15 years post-partum) • 15% reduction in costs if on Medicaid through age 18 • Subsidized child care caseload reduced by 3.6 children per 1,000 families served 	<p>Each outcome generated by the Nurse-Family Partnership model has been shown across multiple randomized controlled trials and/or large scale research studies. In addition, the Pacific Institute of Research and Evaluation has conducted detailed ROI analyses specific to model cost savings. Finally, replication impacts are constantly tracked via online national data system.</p>
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	<p>Nationally, NFP reduces time spent on public welfare programs and improves mother education and employment. Florida data indicates that 43% of participant a working at program intake, 67% are working by 18 months.</p>	<p>Each outcome generated by the Nurse-Family Partnership model has been shown across multiple randomized controlled trials and/or large scale research studies. In addition, the Pacific Institute of Research and Evaluation has conducted detailed ROI analyses specific to model cost savings. Finally, replication impacts are constantly tracked via online national data system.</p>

<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	Requested additional information	Each outcome generated by the Nurse-Family Partnership model has been shown across multiple randomized controlled trials and/or large scale research studies. In addition, the Pacific Institute of Research and Evaluation has conducted detailed ROI analyses specific to model cost savings. Finally, replication impacts are constantly tracked via online national data system.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Requested additional information	Each outcome generated by the Nurse-Family Partnership model has been shown across multiple randomized controlled trials and/or large scale research studies. In addition, the Pacific Institute of Research and Evaluation has conducted detailed ROI analyses specific to model cost savings. Finally, replication impacts are constantly tracked via online national data 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:	2,500,000	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	2,500,000	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