



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Johns Hopkins All Childrens Hospital - Management of Maternal and Paternal Perinatal, Postpartum Depression and Anxiety

2. **Senate Sponsor:** Jeff Brandes

3. **Date of Submission:** 01/12/2018

4. **Project/Program Description:**

Early screening for parents mental health concerns accompanied by an intervention program to treat parents and facilitate better outcomes for both the parents and child.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of Children and Families

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
250,000		250,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 250,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

\$195,000

11. Program Performance:

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

The goal of the program is to initiate a screening program that can identify parents with mental health concerns early, and an intervention program to treat these parents to facilitate better outcomes for the child. In developing the program at JHACH, and with this funding, the resources would be available to implement an intervention program, and also disseminate the screening and intervention program statewide. This allows the program to address the mental health needs from the child very early in life, with the goal of preventing negative outcomes related to parental mental health.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?

Develop and implement a screening and intervention program to assess perinatal mood and anxiety disorder in parents, and subsequently disseminate the program to other high acuity NICU programs and general obstetrics practices around the state.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	0.1 NICU Psychologist	12,092
<input type="checkbox"/> Other Salary and Benefits		



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<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	0.9 NICU Psychologist, 1.0 NICU Post Doctoral Fellow, 1.0 Licensed Mental Health Counselor, 0.5 Research Assistant, 0.03 Biostatistician	221,908
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Travel expenses for training, technology expenses for online training, education materials, computers/office supplies	16,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		250,000

d. What are the direct services to be provided to citizens by the appropriations project?

Initiate a screening program that can identify parents with mental health concerns early, and an intervention program to treat these parents to facilitate better outcomes for the child. In addition, disseminate the program to other high-quality NICU programs and general obstetrics practices around the state.

e. Who is the target population served by this project? How many individuals are expected to be served?

New parents in the state of Florida.

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

With this funding, we would have the resources to implement an intervention program, and also disseminate the screening and intervention program statewide. This allows us to address the mental health needs from the child very early in life, with the goal of preventing negative outcomes related to parental mental health.

g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

The suggested penalty would be requiring any funds associated with unmet deliverables to be returned.



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- 12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

n/a

- 13. Requestor Contact Information:**

- a. **Name:** Michelle DuJardin
- b. **Organization:** Johns Hopkins All Children's Hospital for Brain Protection Sciences
- c. **Email:** Michelle.dujardin@jhmi.edu
- d. **Phone Number:** (727)767-7323

- 14. Recipient Contact Information:**

- a. **Organization:** Johns Hopkins All Children's Hospital
- b. **County:** Pinellas
- c. **Organization Type:**
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)
- d. **Contact Name:** Michelle Dujardin
- e. **E-mail Address:** Michelle.dujardin@jhmi.edu
- f. **Phone Number:** (727)767-7323

- 15. If there is a registered lobbyist, fill out the lobbyist information below.**

- a. **Name:** Anita Berry
- b. **Firm:** Corcoran & Johnston
- c. **Email:** anita@corcoranfirm.com
- d. **Phone Number:** (301)524-0172