



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1310

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

One in 9 new mothers experience postpartum depression. Without help, mothers are 3.4 times more likely to delivery prematurely. A depressed mother struggles to be nurturing and bond with her baby affecting the baby's development. Moving Beyond Depression (MBD) is an evidence-based identification and treatment program for depressed mothers who are participating in home visiting programs. MBD was developed by Every Child Succeeds. The core feature of the program is In-Home Cognitive Behavioral Therapy (IH-CBT). IH-CBT has been found to be highly effective in reducing depression, decreasing psychological distress, and improving social functioning. FDOH provided funding for training but service funding is no longer available. The funding will be used for regional services from Broward, Jacksonville, Tampa, and Miami to serve 1,000 women. Mothers will be identified by Healthy Start home visitors and provided treatment by a master's level mental health clinician for 15 weekly sessions

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 100%;" type="text" value="2,725,716"/>
Fixed Capital Outlay	<input style="width: 100%;" type="text" value="000"/>
Total State Funds Requested	2,725,716

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 100%;" type="text" value="2725716"/>	<input style="width: 100%;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
Local	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
Other	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	2,725,716	100 %

8. **Has this project previously received state funding?** Yes No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

9. **Is future-year funding likely to be requested?** Yes No

If yes, indicate nonrecurring amount per year.



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10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	State Program Director (1.0 FTE) \$75K + 25% benefits and taxes	93,750
Other Salary and Benefits	Contract Manager (0.5 FTE) \$24k + 25% benefits and taxes Accountant (0.1 FTE) \$4k + 25% benefits and taxes	35,000
Expense/Equipment/Travel/Supplies/Other	Travel--One site monitoring per year, 2 people \$4,800 Indirect Costs 7.5% = \$21,266	26,066
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Electronic Case Management and reporting system (\$150,000)	150,000
Consultants/Contracted Services/Study	Subcontracted Service Providers at 4 regional sites (Broward, Tampa, Jacksonville, Miami)	2,420,900
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		2,725,716



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11. Program Performance

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

Based on past program outcomes, we anticipate mothers will experience a decrease in symptoms of depression; thereby, positively impacting infant developmental outcomes.

Studies have shown that 60% of mothers will no longer meet criteria for major depressive disorder at end of treatment.

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

Mothers will be identified by a Home Visitor and will be referred to receive Moving Beyond Depression - an evidence based identification and treatment program.

- c. What direct services will be provided to citizens by the appropriation project?

A master's level clinician working in partnership with a Healthy Start home visitor will provide 15 weekly sessions of Moving Beyond Depression using IH-CBT. The sessions will be provided in the home and/or location convenient for the mother.

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

Pregnant women and new mothers with elevated levels of depression as identified by the Edinburgh screening tool used by the Healthy Start program. The program plans to serve approx. 1,000 women out of regional hubs in 4 counties, Broward, Tampa, Jacksonville and Miami.

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

Mothers are expected to have fewer symptoms of depression and a drop in the number with a major depressive disorder. The Edinburgh Postnatal Depression Scale (EPDS) score will be used to measure pre-treatment and post-treatment.

- f. 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?

A penalty for failing to meet performance measures negotiated in a contract ranging from 1-5% of the monthly invoice amount depending on the measure.



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12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

Not applicable

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- For-profit Entity
 - Non-Profit 501(c) (3)
 - Non-Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.