1. **Project Title**  
Services for Substance Exposed Newborns

2. **Senate Sponsor**  
David Simmons

3. **Date of Request**  
01/22/2020

4. **Project/Program Description**

   Florida’s Healthy Start is in a unique position to help address the crisis in the rising number of substance exposed newborns. We can fill a critical gap in finding mothers who are using drugs and/or alcohol and engaging them in treatment and home visiting services provided by specialty teams of nurses and social workers. We will focus these new services in the 11 counties with the highest rates of substance exposed newborns: Duval, Volusia, Brevard, Orange, Pasco, Hillsborough, Pinellas, Sarasota, Lee, Palm Beach, and Broward Counties. Services will include: (1) Outreach and enrollment at the NICU, prenatal provider offices, methadone clinics, County Health Departments, treatment centers, and other locations in the community. (2) Provide referrals and linkage to treatment, health plans, community services, Early Steps, and pediatricians. (3) Utilize specialized teams of nurses, social workers (MSWs) and peer counselor to provide evidence based screening and interventions in the home.

5. **State Agency to receive requested funds**  
Department of Health  

   State Agency contacted?  
   ☐ Yes  ☐ No

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

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>7,133,270</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>000</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>7,133,270</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>7133270</td>
<td>100.0 %</td>
</tr>
<tr>
<td><strong>Matching Funds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal</td>
<td>00</td>
<td>0 %</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>00</td>
<td>0 %</td>
</tr>
<tr>
<td>Local</td>
<td>00</td>
<td>0 %</td>
</tr>
<tr>
<td>Other</td>
<td>00</td>
<td>0 %</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2020-2021</strong></td>
<td><strong>7,133,270</strong></td>
<td><strong>100 %</strong></td>
</tr>
</tbody>
</table>

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

   If yes, provide the most recent instance:

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Amount (Recurring)</th>
<th>Amount (Nonrecurring)</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
</table>

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

   If yes, indicate nonrecurring amount per year.  
   7,133,270
## Details on how the requested state funds will be expended

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Administrative Costs:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td>FL Assoc. of Healthy Start Coalitions SEN Program Director 1.0 FTE</td>
<td>88,230</td>
</tr>
<tr>
<td>Other Salary and Benefits</td>
<td>Trainer 0.3 FTE&lt;br&gt;Director of Informatics 0.2 FTE&lt;br&gt;Contract Manager 1.0 FTE</td>
<td>110,355</td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td>Program support costs</td>
<td>38,193</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Operational Costs: Other</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary and Benefits</td>
<td>11 Local Program Leads&lt;br&gt;22 Nurses (RN)&lt;br&gt;22 Social Workers (MSW)&lt;br&gt;11 Peer Mentor positions&lt;br&gt;Benefits and Taxes 38%</td>
<td>5,510,340</td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td>Travel Local&lt;br&gt;Travel Conferences&lt;br&gt;Client Educational Materials&lt;br&gt;Client Support and Transportation&lt;br&gt;Equipment (laptops, workstations, etc)</td>
<td>1,296,152</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td>Consultant: Outcomes Reporting&lt;br&gt;IT Case Management and Reporting system</td>
<td>90,000</td>
</tr>
<tr>
<td><strong>Fixed Capital Construction/Major Renovation:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction/Renovation/Land/Planning/Engineering</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested (must equal total from question #6)</strong></td>
<td></td>
<td>7,133,270</td>
</tr>
</tbody>
</table>
11. **Program Performance**

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

Prevention of babies born exposed to drugs or alcohol and linking families with treatment and support to be the best parents they can be.

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

1. Provide outreach and enrollment
2. Conduct an intake and assessment and link to treatment
3. Utilize specialized teams of nurses (RNs) and social workers (MSWs) and peer counselors who will provide evidence-based screenings and interventions using the SBIRT. SBIRT is Screening, Brief Intervention, and Referral to Treatment.

In addition to the services described in question #4 above, we will provide specialized home visiting services—We will utilize specialized teams of nurses (RNs) and social workers (MSWs) who will provide evidence-based screenings and interventions using the SBIRT. SBIRT is Screening, Brief Intervention, and Referral to Treatment which is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. Psychosocial Counselors will provide individual counseling and facilitate substance abuse and mental health treatment. Counseling will be provided in the home and by video technology based on the mother’s preference. Peer Counselors will also be utilized in working with these families.

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

Pregnant women using drugs or alcohol and families with substance exposed newborns.
With caseloads of 25:1, we project we will serve 1,110 families per year.

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

- 90% of delivery hospitals with NICUs, at least 3 of the largest prenatal providers, and all MAT providers will receive an in-service by the end of quarter 1.
- 90% of referred women will receive an initial contact, or an attempt to contact, within 3 business days.
- 85% of women who complete an intake and assessment will have a safe plan of care completed for their baby prior to hospital discharge.
- 85% of women with a completed assessment will have documentation of an Individualized Plan of Care.
- 50% of enrolled mothers will be referred and connected to a treatment provider, or support group.
- 85% of enrolled babies will be seen by their pediatric provider within 5 days of discharge.

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?

Financial Consequences in the amount of:
- $16.66 will be assessed for each Successful Contact not made, below the minimum performance measure each monthly service period.
- $34.72 will be assessed for each initial assessment not performed, below the minimum performance measure each monthly service period.
- $34.72 will be assessed for each Plan of Safe Care not created or modified, below the minimum performance measure each monthly service period.
- $11.90 will be assessed for each monthly home visit not performed, below the minimum performance measure each monthly service period.
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.

None

13. Requestor Contact Information
   a. First Name  Cathy  Last Name  Timuta
   b. Organization  Florida Association of Healthy Start Coalitions
   c. E-mail Address  ctimuta@fahsc.org
   d. Phone Number  (850)999-6200  Ext.  

14. Recipient Contact Information
   a. Organization  Florida Association of Healthy Start Coalitions
   b. Municipality and County  Leon
   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  Cathy  Last Name  Timuta
   e. E-mail Address  ctimuta@fahsc.org
   f. Phone Number  (850)9996200

15. Lobbyist Contact Information
   a. Name  Brian Jogerst
   b. Firm Name  BH & Associates
   c. E-mail Address  
   d. Phone Number  (850)2220191  Ext.  

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