



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1470

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

4. **Project/Program Description**

To expand the Pediatric Behavioral Health Navigator program to meet the increased need for services by children and families affected by Hurricane Michael. This program will include an integrated team approach. There is a need for the expansion of staff, including physicians, nurse practitioners, and licensed mental health clinicians. Funds will be used to purchase equipment, new technological support, and travel for county-specific duties.

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: 80%;" type="text" value="350,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
<b>Total State Funds Requested</b>	<b>350,000</b>

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: 80%;" type="text" value="350000"/>	<input style="width: 80%;" type="text" value="80.0"/> %
<b>Matching Funds</b>		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="85,000"/>	<input style="width: 80%;" type="text" value="20"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>435,000</b>	<b>100</b> %

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: 80%;" type="text" value="2019-20"/>	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="165,000"/>	<input style="width: 80%;" type="text" value="2314A"/>	<input type="checkbox"/> No

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Executive Director of the Managing Entity to provide program oversight, expansion of partner-provider relationships fiscal oversight, and reporting.	60,000
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Program evaluation and book keeping/accounting.	20,000
<b>Operational Costs: Other</b>		
Salary and Benefits	Project lead: overseeing the specific development of the project in the impacted counties, direct report for all project staff, and outreach and contact for partnering clinicians.	60,000
Expense/Equipment/Travel/Supplies/Other	The project will require the establishment of additional satellite offices in impacted counties, including additional telehealth equipment and supplies.	50,000
Consultants/Contracted Services/Study	Additional clinical consultation and program support needed to meet the needs for expanding the scope of the existing project.	160,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>350,000</b>



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#### 11. Program Performance

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

To expand the pediatric behavioral health navigator program to meet the increased need for services by children and families affected by Hurricane Michael. This program will include a team approach. There is a need for the expansion of staff, including physicians, nurse practitioners, and licensed mental health clinicians. Funds will be used to purchase equipment, new technological support, and travel for county-specific duties.

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

Through an integrated healthcare model, families affected by Hurricane Michael will be provided with behavioral health navigation services, and subsequently appropriate quality referrals for initiation and continuation of services.

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

Families affected by Hurricane Michael will be provided with healthcare information and education, including referrals to physicians and supportive care services related to prevention, diagnosis, timely treatment, and follow-up care.

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

Children between the ages of 0 and 21 years old (and their families) living in Hurricane Michael impacted counties, including children in preschool, grade school, and high school that are at-risk. As well as homeless and persons with poor mental health.

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

It is expected that families will have increased access to behavioral health services, in addition to improvement in quality of life, as a result. The quality of life improvement will be measured through the use of the Pediatric Symptom Checklist and the increase of behavioral health service use, as evident through behavioral health navigation follow-up survey.

- 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?

Additional fees and penalties, as determined by the funder.



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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.**

N/A

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.