



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1951

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

New Solutions will reduce the number of youth and young adults needing care in an inpatient hospital setting when in crisis from mental health and/or co-occurring substance abuse issues. Using a family-centered approach, Joe DiMaggio Children's Hospital will provide Emergency Department (ED) based screening for mental health and substance use disorders and link them to the New Solutions Intensive Outpatient care team, thereby reducing additional visits and hospitalizations.

5. **State Agency to receive requested funds**

State Agency contacted?

6. **Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

Type of Funding	Amount
Operations	1,000,000
Fixed Capital Outlay	0
Total State Funds Requested	1,000,000

7. **Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	94%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	60,000	6%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	1,060,000	100%

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	500,000	378	No

9. **Is future funding likely to be requested?**

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

At this time there is no other source in lieu of State Funding that can be used.

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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If yes, indicate the amount of funds received and what the funds were used for.

Memorial has received \$188,775,291 in federal funding to prevent, prepare for and respond to the pandemic; to maintain service capacity; to convert and upgrade space for surge capacity; to provide skilled nursing facility and child care facility infection control; to upgrade telehealth equipment; and to provide community outreach and education.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Emergency Department Salaries: Licensed Clinical Social Workers - 2 Full Time Equivalent (FTE) = \$159,078.40 Intensive Outreach Salaries: Manager .50 FTE = \$50,180 Team Leaders 2 FTE = \$159,120 Counselors 4 FTE = \$241,280 Mobile Case Managers 3 FTE = \$160,160 Total = \$769,818.40 Benefits for all staff @ 23% = \$177,058.60	946,877
Expense/Equipment/Travel/Supplies/Other	Cell Phones for Outreach Staff: 9 staff X \$40/month X 12 months = \$4,320 Laptops for Outreach Staff: 5 units X \$1,487.44 = \$7,437 Space (leased) for Outreach Staff: 9.5 x \$3,237.37 = \$30,755 Mileage for Outreach Staff: 9 staff @ \$.655/ mile X 150 mi/mo X 12 mo = \$10,611	53,123
Consultants/Contracted Services/Study		0



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Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,000,000

14. Program Performance

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

New Solutions will incorporate recovery-oriented system of care values and a family-centered approach to achieve the following for youth and young adults: 1) reduce substance abuse through ED-based screening for substance use disorder and same-day admission to the Intensive Outpatient Model; 2) improve mental health through ED-based screening for mental health disorders and same-day admission to the Intensive Outpatient Model and 3) improve physical health through ED-based screening and same-day admission to the Intensive Outpatient Model.

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

Activities and services include: 1) community outreach and education for participants with behavioral health issues and their families in conjunction with community providers; 2) connecting families to JDCH's inpatient and outpatient behavioral health treatment programs, primary care and fitness zones; and 3) care coordination with community partners (i.e., medical, legal, housing, transportation, childcare, employment, tutoring and other behavioral health services)

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

Direct services include: 1) ED-based initial assessment and Mental Health Status Examination; 2) in-home individual counseling; 3) in-home family counseling; 4) intensive outpatient treatment for co-occurring disorders; 5) care coordination; 6) school and/or community-based services; 7) respite services; 8) parenting education; and 9) ongoing recovery management.

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

Joe DiMaggio Children's Hospital will benefit the state by targeting Broward County at-risk youth and young adults (age 14-26) in Broward County with mental health issues and/or substance use disorders (SUD) who access services at the hospital's emergency departments, outpatient facilities, or who are referred by schools, community providers, or parents. New Solutions will serve the following: 1) 1,000 at-risk youth, young adults, and their families at its ED; 2) 120 at-risk youth, young adults, and their families through its intensive outpatient model; and 3) 1,000 at-risk youth, young adults and their families through a behavioral health community outreach and education campaign in conjunction with community agencies

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

The methodology includes:
The sum of Medicaid reimbursement for a youth requiring an inpatient hospitalization in the Child and Adolescent Treatment Services (CATS) Psychological Unit due to a behavioral health crisis (APR-DRG 751) is \$3,594 versus \$192 for behavioral health issues that may be treated in the ED. For 1,000 youth evaluated by New Solutions social workers and discharged home successfully with linkages to community resources, JDCH could save the state more than \$3.4 million.

For 120 youth evaluated by New Solutions' social workers and enrolled in the Intensive Outpatient Model instead of a Statewide Inpatient Psychiatric Program (SIPP) Residential Treatment Center, JDCH could save the state more than \$2 million.

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 the contract?

Memorial Healthcare System is willing to discuss additional penalties with the contracting agency as part of the contract negotiation process.

15. Requester Contact Information



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a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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) Special Taxing District

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number