



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Whole Child Leon - Pediatric Behavioral Health Navigator

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 01/08/2018

4. **Project/Program Description:**

Since 2000, the Lawton Chiles Foundation has been working to unite entire communities around the goal of providing for children. The Whole Child Project in three pilot counties has laid the foundation for the creation of "Whole Child Florida" – building a stronger foundation for our children across our state by continuing our focus at the community level. Whole Child is not another program, but a philosophy that uses strategic planning, web-based technology, performance measurement and broad-based community engagement to build communities where everyone works together to make sure children thrive.

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
96,145		96,145

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):** 96,145

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)



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- c. What is the most recent fiscal year the project was funded?
- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- e. Complete the following Worksheet.

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
Funds Description:		Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *
Input Amounts:			

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

Yes

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

~\$100,000

11. Program Performance:

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

Expand the pediatric behavioral health navigator program to meet the increased need for services. The program helps to overcome barriers to health care access and provide information related to activities that engage, educate and offer support to individuals, family members, and caregivers to connect them to prevention, diagnosis, timely treatment and follow-up.

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

Due to the provision of an expanded array of home and community-based services and supports, clients will be connected to healthcare services and other prevention supports that will decrease their use of physical health services and emergency rooms. The increased cross-system collaboration will improve the use of Medicaid and other resources. The Behavioral Health Navigator expansion will meet with the referred client/family regularly to create a plan that will address the family's needs, review and track progress toward achieving the plan, and adjust the plan as appropriate. The Behavioral Health Navigator program will meet with and provide assistance to children and families, connecting them to an expanded array of home and community-based services and supports and will document, track, and report outcomes.

- c. How will the funds be expended?

Spending Category	Description	Amount
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Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Current Navigator Position	21,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Case management system; equipment for operations, assessments, and therapy.	25,145
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Expanded navigator program position	50,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		96,145

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

The Behavioral Health Navigator will meet with the referred client/family regularly to create a plan that will address the family's needs, review and track progress toward achieving the plan, and adjust the plan as appropriate. The Behavioral Health Navigator program will provide assistance to children and families, connecting them to an expanded array of home and community-based services and supports and will document, track, and report outcomes. The navigator will provide information, referrals, education and supports to individuals, family members and caregivers relating to prevention, diagnosis, timely treatment and follow-up.

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

Persons with poor mental health or poor physical health, economically disadvantaged persons, students, at-risk youth, homeless, and individuals involved with the juvenile or criminal justice systems. Will serve approximately 600 individuals.



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

Improved mental and physical health, reduced substance abuse, diversion from criminal justice system, improved quality of education. Through provider surveys and analytics, we measure the number of people accessing the directory.

- 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 current standard penalties for noncompliance are adequate.

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:** Courtney Atkins
- b. **Organization:** Whole Child Leon
- c. **Email:** courtney@wholechildleon.org
- d. **Phone Number:** (850)544-3024

14. **Recipient Contact Information:**

- a. **Organization:** Whole Child Leon
- b. **County:** Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla
- 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:** Courtney Atkins
- e. **E-mail Address:** courtney@wholechildleon.org
- f. **Phone Number:** (850)544-3024

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

- a. **Name:** None
- b. **Firm:** None
- c. **Email:**
- d. **Phone Number:**