



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Telehealth Mental Health Services

2. **Senate Sponsor:** Linda Stewart

3. **Date of Submission:** 11/27/2017

4. **Project/Program Description:**

The goal is to reduce the number of patients referred outside of True Health for mental services, and by doing so, reduce the structural barriers. The expansion of our services will allow True Health to provide additional services in-house, but also through telehealth. Telehealth is an effective way to expand and integrate mental health services into primary care.

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
272,200		272,200

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	175,000	39.1%
TOTAL	175,000	39.1 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 447,200

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)

c. What is the most recent fiscal year the project was funded?



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- e. Complete the following Worksheet.

FY:	<b>Input Prior FY Appropriation for this project for FY 2017-18</b>		
	A	B	C
	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

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

No

**11. Program Performance:**

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

The goal is to reduce the number of patients referred outside of True Health for mental services, and by doing so, reduce the structural barriers. Barriers that often exist are: making additional appointments, transportation, affordability, and lack of insurance coverage. Poor emotional health and mental illness not only cost money, they can cost lives when services are not provided to manage symptoms effectively. In 2015 and 2016, a total of 5,211 patients were referred outside of True Health for mental health services. The expansion of our services will allow True Health to provide additional services in-house, but also through telehealth. Telehealth is an effective way to expand and integrate mental health services into primary care.

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

Individual therapy, group therapy, and telehealth.

**c. How will the funds be expended?**

Spending Category	Description	Amount
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		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Telehealth communications technology for 155 exam rooms.	124,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Patient services.	148,200
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		272,200

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

Individual therapy, group therapy, and telehealth.

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

The target population are uninsured and underinsured individuals residing in the Central Florida area. We expect to serve 1,900 individuals in a calendar year.

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

The expected benefit of the project is to increase accessibility of mental health services. The following outcomes will be measured: Decrease percentage of adults admitted to mental health treatment facilities for acute mental episodes by 10%; increase the percentage of adults who successfully complete the mental health/substance abuse program by 70%.

**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?**

Plan of action to be submitted to the local Substance Abuse and Mental Health (SAMH) program office for review.

**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.**

None.

**13. Requestor Contact Information:**

**a. Name:** Michelle Mangum



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- b. **Organization:** Central Florida Family Health Center, Inc. dba True Health
- c. **Email:** michelle.mangum@mytruehealth.org
- d. **Phone Number:** (407)322-8645

### 14. Recipient Contact Information:

- a. **Organization:** Central Florida Family Health Center, Inc. dba True Health
- b. **County:** Orange, Seminole
- 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:** Michelle Mangum
- e. **E-mail Address:** michelle.mangum@mytruehealth.org
- f. **Phone Number:** (407)322-8645

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

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