



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2012

**1. Title of Project:** Mental Health & Telehealth Services for Children & Families Impacted by Hurricane Michael

**2. Senate Sponsor:** Bill Montford

**3. Date of Submission:** 02/22/2019

**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 Telehealth and therefore this program will use 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 :** Department of Children and Families

State Agency Contacted? No

**6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	458,000
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>458,000</b>

**7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	458,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>458,000</b>	<b>100.0%</b>

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

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

**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	Executive Director of the managing entity to provide program	60,000



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Benefits	oversight, i.e. securing necessary staff for program expansion, supervision of staff, expansion of partner-provider relationships, fiscal oversight, and reporting.	
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Equipment: The project will require the establishment of satellite offices in impacted counties, including telehealth equipment, such as: televisions, cameras, microphones, secure and HIPPA compliant networks.	40,000
Consultants/Contracted Services/Study	Program evaluation and book keeping/accounting	18,000
<b>Operational Costs:</b>		
Salary and Benefits	Project Lead: overseeing the specific development of the project in the impact counties, direct report for all project staff, and outreach and contact for partnering clinicians	100,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	The following areas will require consultation and program support to meet the needs for expanding the scope of the existing project: Physician (Pediatrician), Nurse Practitioner (ARNP), Clinical Social Worker (LCSW), Certified Case Manager and Counselor (MSW)	240,000
<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>458,000</b>

**11. Program Performance:**

**a. What is the specific purpose or goal that 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 Telehealth and therefore this program will use 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.

**b. What are the activities and services that 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/mental health navigation services, and subsequently appropriate quality referrals for initiation and continuation of services.

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

Families affected by Hurricane Michael will be provided with healthcare information and education, including thorough intake to appropriately connect/link children and families to physicians and supportive care services related to prevention, diagnosis, timely treatment, and follow-up care.



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

Children and families impacted by Hurricane Michael, >800.

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

This project will enhance a variety of community wellness operations, including improved mental and physical health, improved quality of education, improved individual levels of economic self sufficiency, a reduction of substance abuse, and diversion from the criminal and juvenile justice system. These outcomes will be measured by the Behavioral Health Navigator expansion which 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, and adjust the plan as appropriate.

**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?**

Corrective action may include reversion of unspent funds.

**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. **E-mail Address:** courtney@wholechildleon.org
- d. **Phone Number:** (850)544-3024

**14. Recipient Contact Information:**

- a. **Organization:** Whole Child Leon
- b. **County:** Leon
- 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. Lobbyist Contact Information**



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- a. **Name:** Ron Greenstein
- b. **Firm Name:** Ron Greenstein
- c. **E-mail Address:** rgreen2505@aol.com
- d. **Phone Number:** (954)610-7745