



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1198

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

4. **Project/Program Description**

The purpose of the project Expanding of Statewide Telemedicine and Telehealth Services for Individuals with Sickle Cell Disease is to reach these individuals throughout the state of Florida that desperately need health care, but do not have access. Through the use of modern day technology telemedicine and telehealth, these individuals are able to receive the care that they need, no matter their location, and are able to stay out of the Emergency Room, which costs Florida \$600 million a year.

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: 100%;" type="text" value="1,000,000"/>
Fixed Capital Outlay	<input style="width: 100%;" type="text" value="000"/>
Total State Funds Requested	1,000,000

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: 100%;" type="text" value="1000000"/>	<input style="width: 100%;" type="text" value="89.0"/> %
Matching Funds		
Federal	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 100%;" type="text" value="125,000"/>	<input style="width: 100%;" type="text" value="11"/> %
Local	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
Other	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	1,125,000	100 %

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: 100%;" type="text" value="2019-20"/>	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="100,000"/>	<input style="width: 100%;" type="text" value="427"/>	<input type="text" value="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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits	This supports hiring Nurse Telemedicine Coordinators and Facilitators at each site location. The Nurse Telemedicine Coordinator assesses, identifies, analyzes and prioritizes problems, interventions and goals by following the treatment plan and established protocol. A Facilitator is an individual that is to help all involved individuals understand the common telemedicine objectives and assists in planning on how to reach these objectives. This also supports any fringe benefits for the staff.	559,240
Expense/Equipment/Travel/Supplies/Other	This supports staff travel between patient homes, provider offices and FSCDR telemedicine locations. This also supports consumable office supplies, rent & telephone services, promotional and marketing materials and telemedicine equipment (hardware & software) for all locations.	440,760
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		1,000,000



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11. Program Performance

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

The goal that is to be achieved is expanding comprehensive health care services statewide for individuals with Sickle Cell Disease in Florida, which has one of the nation's highest numbers of individuals living with sickle cell disease. The Foundation for Sickle Cell Disease Research serves as a home institution to 4 telemedicine locations located in Jacksonville, Tampa, Lauderhill + Belle Glade and Homestead. Funding for this request supports expanding telemedicine locations to 40 statewide.

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

First, FSCDR will identify cities in Florida with the greatest number of individuals with sickle cell disease to establish telemedicine sites. Then, telehealth equipment will be purchased and the appropriate staff will be identified and recruited. Then, all staff will be trained and the telehealth clinic template will be established in the electronic medical record. Lastly, processes and infrastructure will be evaluated at the home institution to further support telemedicine.

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

The services provided directly contribute to a reduction in hospitalizations for individuals living with sickle cell disease, while also improving their quality of life. The services listed above are either telehealth services, giving these individuals with sickle cell disease comprehensive care they would have not received.

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

The target population is individuals with Sickle Cell Disease, in both metropolitan and rural areas of Florida. These individuals encompass the following groups: elderly persons, persons with poor mental health, persons with poor physical health, jobless persons, economically disadvantaged persons, at-risk youth, homeless, developmentally disabled, physically disabled, preschool students, grade school students, high school students, college students, currently or former incarcerated persons and victims of crime.

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

The first benefit is Improved physical health, with an outcome of reduced visits to the emergency room and more preventative care measures implemented for sickle cell disease patients. This will be measured by data containing rates of inpatient hospitalization and rates of implementation of preventative care can be easily collected from FSCDR's Electronic Health Record. The data will be compared quarterly to FSCDR's data from the previous year. Data will also be compared to national rates. The next benefit is improved mental health for patients with sickle cell disease, as they can have poor mental health and can suffer from depression, for example. Having more medical resources accessible and offering social services improves mental health outcomes for sickle cell disease patients. This outcome can be measured by having a patient complete a PHQ-9 form (Patient Health Questionnaire), which is stored in FSCDR's Electronic Health Record.

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?

Failing to meet deliverables results in a reduction in monthly payment, with example ranges such as: a two percent reduction, a five percent reduction, etc.



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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.**

No, this is not applicable.

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.