



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1674

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Memorial Healthcare System, through its Joe DiMaggio Children's Hospital (JDCH) respectfully requests \$500,000 to expand our capacity to respond to the behavioral health crisis facing our youth which includes anxiety, depression, suicidal ideation and substance use. Through New Solutions, JDCH emergency department-based Licensed Clinical Social Workers will provide immediate access to comprehensive behavioral health screening for 500 youth. Based on identified needs, they will make immediate referrals for a minimum of 60 youth to the New Solutions' Intensive Outpatient Model to avoid further deep-end mental health services, law enforcement involvement, failing academic performance and/or dropping out of school. New Solutions will also provide an extensive community outreach and awareness campaign for 500 at-risk youth and families in conjunction with community providers.

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

State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

7. **Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	94%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	30,000	6%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	530,000	100%

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

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

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

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

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



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

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

Since July 1, 2022, Memorial has received \$262,068 in American Rescue Plan Act Funding which includes, \$136,980 for COVID-19 vaccine outreach and education, \$39,714 for COVID-19 for health literacy and \$85,374 for cleaning supplies and protective equipment for a childcare center.

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

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	Licensed Clinical Social Worker - 3 part-time staff (\$147,701); Team Leader - 1 FTE (\$79,872); Behavioral Health Counselor - 2 FTE (\$142,272); Mobile Case Manager - 2 FTE (\$114,816)	484,661
Expense/Equipment/Travel/Supplies/Other	Cell Phones - (5 staff @ \$30/month X 12 months) = \$2,400; Laptops - (5 units @ \$1,487.44) = \$7,437; Local Mileage (5 staff @ \$.655/mile X 140 miles/month X 12 months) = \$5,502	15,339
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		500,000



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14. Program Performance

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

New Solutions will achieve the following: 1) improve mental health in youth through Emergency Department (ED)-based screening for mental health disorders and same-day admission to the Intensive Outpatient Model; 2) reduce substance use disorders in youth through ED-based screening for substance use disorders and same-day admission to the Intensive Outpatient Model; and 3) improve physical health in youth through ED-based screening and same-day admission to the Intensive Outpatient Service 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 awareness campaign for youth at-risk of behavioral health issues and their families; 2) Joe DiMaggio Children's Hospital inpatient and outpatient behavioral health services; and 3) linkage to community partners to support youth and families (medical, dental, legal, housing, childcare, education, employment, tutoring, transportation 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 the following populations in Broward County: 1) at-risk youth in Broward County with poor mental health issues and/or substance use disorders (SUD) who access services at Joe DiMaggio Children's Hospital emergency departments, hospitals or outpatient facilities; and 2) at-risk youth who are referred by schools, community providers or parents. New Solutions expects will serve the following: 1) 500 at-risk youth and their families through its ED; 2) 60 at-risk youth and their families through its Intensive Outpatient Model; and 3) 500 at-risk youth and their families through a behavioral health community outreach and awareness 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?

New Solutions will result in an annual cost savings to the State of Florida of \$1.8 million in reduced inpatient hospitalizations, residential treatment stays and emergency department visits.
 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 150 youth evaluated by New Solutions' social workers and successfully discharged home with linkages to community resources, Joe DiMaggio Children's Hospital could save the state \$510,300.
 - For 60 youth evaluated by the social workers and immediately enrolled in the New Solutions Intensive Outpatient Model instead of a Statewide Inpatient Psychiatric Program (SIPP) Residential Treatment Center, Joe DiMaggio Children's Hospital could save the state more than \$1,290,600.

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

a. First Name **Last Name**

b. Organization



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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