## **Budget Detail Request - Fiscal Year 2016-17**

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

Title of Project: <u>Healthy Start</u>
 Date of Submission: 12/02/2015

3. House Member Sponsor(s): Kathleen Passidomo, David Santiago

## 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request  for FY 2016-17  (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
Column:	Α	В	С	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:					4,408,000	0	4,408,000

e.	New Nonrecurring Funding Requested for FY 16-17 will be used for:				
	□Operating Expenses	☐ Fixed Capital Construction	□Other one-time costs		
	P				
f.	New Recurring Funding	Requested for FY 16-17 will be	used for:		
f.		Requested for FY 16-17 will be ☐Fixed Capital Construction			

## 5. Requester:

a. Name: Cathy Timuta

b. Organization: Healthy Start Coalition of Southwest Florida

c. Email: cathy@healthystartbaby.org

d. Phone #: (239)425-6920

- 6. Organization or Name of Entity Receiving Funds:
  - a. Name: Florida Association of Healthy Start Coalitions
  - b. County (County where funds are to be expended) Statewide
  - c. Service Area (Counties being served by the service(s) provided with funding) Statewide
- 7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project?s intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

Funds would assist with the transition to Medicaid Managed Care for pregnant women and infants as well as support for those who are otherwise considered at risk for poor birth outcomes or less than desirable outcomes for their infants. Locally, the Healthy Start system of care in Collier, Glades, Hendry, and Lee Counties would gain a 1.5 ? 2.0 FTE who would provide outreach services for high risk pregnant women and families with babies for services such as substance abuse, mental health services, smoking cessation, pregnancy prevention/interconception services, and teen moms. Statewide: \$3,190,000 would fund 58 outreach staff serving 32 Coalition service areas. This would provide the ability to serve high risk families in both urban and rural settings. This is based on a formulary comprised of birth cohort and data on Level 3 (highest risk) averages. IMPACT: Funding would expand capacity and the ability for Healthy Start programming to respond to private physicians, behavioral health centers, hospitals, and other access points where pregnant women and infants may present for treatment. An additional 5,800 of our highest risk would receive the response, intervention, and linkages needed to affect more desired pregnancy and infant outcomes. \$1,089,000 would provide for 22 Fetal and Infant Mortality Review teams (an increase from 11) at a rate of \$60,000 per project (an increase from \$21,000 per project for the current 11 projects). IMPACT: Florida would expand its ability to convene medical professionals and better target financial resources based on this collaborative model developed by the American College of Obstetrics and Gynecology. \$120,000 would provide for the implementation of a Workforce Learning Management System (LMS) to enhance Healthy Start?s ability to manage diverse training activities, reduce cost among participating human service agencies, and promote sustained employability among the professional and paraprofessional workforce. IMPACT: Coordination of high quality effective training for over 1,

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: <u>0</u> Other: <u>0</u>

9. Is this a multi-year project requiring funding from the state for more than one year?

<u>Yes</u>