

Budget Detail Request - Fiscal Year 2016-17

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

1. Title of Project: The Teen Xpress Program
2. Date of Submission: 01/14/2016
3. House Member Sponsor(s): Mike Miller

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
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? 2015-16
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- 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: A	B	C	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:	0	350,000	350,000		0	350,000	350,000

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

5. Requester:

- a. Name: Marie Martinez
- b. Organization: Howard Phillips Center for Children and Families
- c. Email: marie.martinez@orlandohealth.com
- d. Phone #: (407)317-7430 Ext. 2108

6. Organization or Name of Entity Receiving Funds:

- a. Name: The Howard Phillips Center for Children and Families
- b. County (County where funds are to be expended) Orange
- c. Service Area (Counties being served by the service(s) provided with funding) Orange

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.)

The Teen Xpress Program is requesting \$350,000 from the Department of Health budget to provide essential medical services, such as assessments, treatment, labs, medications and case management, mental health counseling and dietitian services which will result in an additional 2,000 encounters provided to teenage students in the Central Florida area. With this funding an additional three positions, including an advanced registered nurse practitioner/physician assistant, a medical assistant and a licensed therapist, would be added to the Teen Xpress Program. The number of total encounters from hiring these positions is expected to be 2,000, serving about 250 students. This will help to provide essential medical services such as assessments, treatment, labs, medications, case management, and mental health counseling services to teenage students in the Central Florida area through establishing medical homes.

This program teaches healthy behaviors in order to help prevent chronic diseases and educate youth about the importance of establishing a pediatric medical home rather than utilizing emergency room services for basic medical care, ultimately creating healthier Floridians and wiser consumers of more cost-effective healthcare services. Uninsured/underserved adolescents ages 11 - 18 who lack access to basic healthcare services due to barriers such as income, transportation, limited English language proficiency and lack of understanding about the need to prioritize youth healthcare will benefit from the funds received. If funding is received, the program will use performance data that is gathered through the student's electronic medical record and will include: increased access to comprehensive health care for at least 250 students as measured by patient registration via electronic medical records, 75 percent of students presenting with asthma or allergy issues will improve their management of these chronic conditions, as demonstrated by documentation in the electronic medical records, 75 percent of students presenting with mental health concerns will improve on relevant scale scores relating to their concerns (e.g., SDQ, PHQ-9, GAD-7) and 70 percent of students will be successfully referred to needed resources with the help of a case manager.

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: 69,525

Other: 161,000

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

No