Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: <u>Nurse-Family Partnership Implementation</u>
2. Date of Submission: <u>02/07/2017</u>
3. House Member Sponsor: <u>Rene Plasencia</u>
   Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

   a. Has funding been provided in a previous state budget for this activity?   <u>Yes</u>
      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? <u>2016-17</u>
   c. Were the funds provided in the most recent fiscal year subsequently vetoed? <u>No</u>
   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 **2016-17** (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY **2017-18** (Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)		
Column:	A	B	C	D	E	F
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)	**Additional Nonrecurring Request**	**TOTAL Nonrecurring Request** (Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)
Input Amounts:		681,000	681,000		870,482	870,482

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2017-18? <u>No</u>
   5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency.   Department of Health

6. Requester:
    a. Name: Gabrielle Bargerstock
    b. Organization: Nurse-Family Partnership National Office (Fl Chapter)
    c. Email: gbargerstock@nursefamilypartnership.org
    d. Phone #: (321)261-1454

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
    a. Name: Gabrielle Bargerstock
    b. Organization: Nurse-Family Partnership National Office (Fl Chapter)
    c. Email: gbargerstock@nursefamilypartnership.org
    d. Phone #: (321)261-1454

8. If there is a registered lobbyist, fill out the lobbyist information below.
    a. Name: Carol Bracy
    b. Firm: Ballard Partners
    c. Email: Carol@ballardfl.com
    d. Phone #: (850)577-0444

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
    a. Name: 5 Organizations receive the funds for services.
    b. County (County where funds are to be expended): Brevard, Hillsborough, Miami-Dade, Orange
    c. Service Area (Counties being served by the service(s) provided with funding): Brevard, Hillsborough, Miami-Dade, Orange

10. What type of organization is the entity that will receive the funds? (Select one)
    ◯ For Profit
    ◉ Non Profit 501(c) (3)
    ◯ Non Profit 501(c) (4)
    ◯ Local Government

○ University or College
○ Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

Nurse-Family Partnership?s overarching goals are to:
1. Improve pregnancy outcomes;
2. Improve child health and development; and
3. Improve the economic self-sufficiency of the family.
NFP has detailed data and Florida specific projections of savings generated by the following sources:
?Increased Child Graduation
?Fewer Subsequent Children on Medicaid
?Reduced Smoking While Pregnant
?Reduced Preeclampsia
?Reduced Prematurity
?Fewer Injuries
?Increased Immunization
?Reduced child maltreatment

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
☑a. Executive Director/Project Head Salary and Benefits	Executive Director and project Coordinator salaries and benefits	18,850
☑b. Other Salary and Benefits	Contracts Manager, Finance manager, and administrative support salaries and benefits	41,033
☐c. Expense/Equipment/Travel/Supplies/Other		

☑d. Consultants/Contracted Services/Study	Data system access, outcome reports, and technical assistance from NFP National Office	12,000
Operational Costs:		
☑e. Salaries and Benefits	Nurse home visitor, Nurse Supervisor, and Data support salaries.	625,968
☑f. Expenses/Equipment/Travel/Supplies/Other	Nurse trainings, travel, medical equipment, program supplies, nurse consultation, etc.	172,631
☐g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
☐h. Construction/Renovation/Land/Planning Engineering		
TOTAL		870,482

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)
   N/A

14. Is the project request an information technology project?
   No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?
   Yes

   15a. Please Describe:
      Funds were distributed to each of these communities ina compettive Invitation to Negotiate process. Local organizations had to actively pursue the funding. In addition, as part of the application process, each potential implementing partner in the individual communities

were required to submit letters of support from community leaders and other organizations. As a note of general support within the state - 13 applications were received from across Florida requesting NFP funding.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?
   <u>Yes</u>

   16a. Please Describe:
   In each county across Florida, the Healthy Start Coalitions conduct local needs assessments that ascertain areas of need and indicators of importance. In addition, the FL Department of Health collects a variety of maternal and child health annual data that the Nurse-Family Partnership National office staff reviews. Based on a variety of maternal and child health indications that the NFP model has impact on (pre-term birth, ER visits, etc) all counties across Florida are prioritiezed.

17. Will the requested funds be used directly for services to citizens?
   <u>Yes</u>

   17a. Describe the target population to be served.   Select all that apply to the target population:
   ☐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
   ☑Drug users (in health services)
   ☐Preschool students
   ☐Grade school students
   ☑High school students
   ☑University/college students
   ☐Currently or formerly incarcerated persons
   ☐Drug offenders (in criminal Justice)
   ☐Victims of crime
   ☐Other (Please describe)

17b. How many in the target population are expected to be served?
○ < 25
○ 25-50
○ 51-100
◉ 101-200
○ 201-400
○ 401-800
○ >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select all that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
☑Improve physical health	? 24% reduction in smoking during pregnancy ? 27% reduction in pregnancy-induced hypertension ? 18% reduction in first preterm births (<37 weeks) ? 60% reduction in infant mortality ? 31% reduction in closely-spaced second births ? 24% reduction in very closely-spaced second births (within 15 months postpartum) ? 41.4 fewer subsequent preterm births per 1,000 families served ? 12% increase in moms who attempt to breastfeed ? 38% reduction in emergency department use related to	Each outcome generated by the Nurse-Family Partnership model has been shown across multiple randomized controlled trials and/or large scale research studies. In addition, replication impacts are constantly tracked via online national database, efforts to outcomes.
☐Improve mental health		
☐Enrich cultural experience		
☐Improve agricultural production/promotion/education		

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☐Improve quality of education		
☐Enhance/preserve/improve environmental or fish and wildlife quality		
☐Protect the general public from harm (environmental, criminal, etc.)		
☐Improve transportation conditions		
☑Increase or improve economic activity	? 7% reduction in TANF payments (through 9 years postpartum) ? 9% reduction in Food Stamp Payments (through 10 years postpartum) ? 7% reduction in person-months of Medicaid coverage (through 15 years post-partum) ? 15% reduction in costs if on Medicaid through age 18 ? Subsidized child care caseload reduced by 3.6 children per 1,000 families served	Each outcome generated by the Nurse-Family partnership model has been shown across multiple randomized controlled trials and/or large scale research studies. In addition, the Pacific Institute of Research and Evaluation has conducted detailed ROI analyses specific to model cost savings. Finally, replication impacts are constantly tracked via online national database, efforts to Outcome.
☐Increase tourism		
☐Create specific immediate job opportunities		
☑Enhance specific individual?s economic self sufficiency	? Florida outcome data indicates that 39.6% of participant a working at program intake, 61.1% are working at 12 months, and 67.4% are working by 18 months.	This specific indicator is drawn directly from the implementation outcomes across Florida NFP sites.
☐Reduce recidivism		
☑Reduce substance abuse	? 24% reduction in smoking during pregnancy ? 53% reduction in	Nurse-Family Partnership's positive impact on substance abuse has been demonstrated across multiple

	alcohol, tobacco & marijuana use	randomized controlled trials and large scale research studies. In replication this outcome is tracked and can be reported at any point in time via the national Efforts to Outcomes database.
☑Divert from Criminal/Juvenile justice system	? 46% reduction in youth crimes and arrests (ages 11-17)	Each outcome generated by the Nurse-Family Partnership model has been shown across multiple randomized controlled trials and/or large scale research studies. In addition, replication impacts are constantly tracked via online national database, efforts to outcomes.
☐Improve wastewater management		
☐Improve stormwater management		
☐Improve groundwater quality		
☐Improve drinking water quality		
☐Improve surface water quality		
☐Other (Please describe):		

19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	870,482	90.9%	N/A
2. Federal:	0	0.0%	No

3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	87,048	9.1%	Yes
5. Other:	0	0.0%	No
TOTAL	957,530	100%	

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

20a. How much state funding would be requested after 2017-18 over the next 5 years?
○<1M
○1-3M
◉>3-10M
○>10M

20b. How many additional years of state support do you expect to need for this project?
○1 year
○2 years
○3 years
○4 years
◉>= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.
◉ongoing activity ? no total cost
○<1M
○1-2M
○>2-3M
○>3-10M
○>10M

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