

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Whole Child Leon - Pediatric Behavioral Health Navigator

2. Date of Submission: 02/07/2017

3. House Member Sponsor: Loranne Ausley

Members Copied:

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?

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 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(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 .)</i>		
	Column:	A	B	C	D	E
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring Request <i>(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.)</i>
Input Amounts:					96,145	96,145

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? No

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: Courtney Atkins
- b. Organization: Whole Child Leon
- c. Email: courtney@wholechildleon.org
- d. Phone #: (850)544-3024

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Courtney Atkins
- b. Organization: Whole Child Leon
- c. Email: courtney@wholechildleon.org
- d. Phone #: (850)544-3024

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: Whole Child Leon
- b. County (County where funds are to be expended): Leon
- c. Service Area (Counties being served by the service(s) provided with funding): Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla

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?

Establish a pediatric behavioral health navigator position to act as the point of contact for referring physicians, patients and caregivers to provide resources & assistance with accessing clinical and supportive care services. The navigator will help to overcome barriers to health care access and provide information related to activities that engage, educate and offer support to individuals, family members, and caregivers to connect them to prevention, diagnosis, timely treatment and follow-up.

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:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Whole Child Leon Executive Director	0
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Office space	0
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Behavioral Health Navigator position	50,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Case Management Database software and equipment	6,145
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Retrofit existing building to meet new	40,000

	usage	
TOTAL		96,145

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)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

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:

Letters of Support: PACT-System of Care partnership, Tallahassee Memorial Healthcare, Tallahassee Primary Care Associates, Tallahassee Pediatric Foundation, Florida State College of Medicine, Big Bend Community Based Care, Early Learning Coalition and Progressive Pediatrics

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

No

17. Will the requested funds be used directly for services to citizens?

Yes

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
<input checked="" type="checkbox"/> Improve physical health	Due to the provision of ?warm referrals? to an expanded array of home and community-based services and supports, clients will be connected to healthcare services and other prevention supports that will decrease their use of physical health	The Behavioral Health Navigator will meet with and provide assistance to children and families, connecting them to an expanded array of home- and community-based services and supports and will document, track

	services and emergency rooms. The increased cross-system collaboration will improve the use of Medicaid and other resources.	and report outcomes.
<input checked="" type="checkbox"/> Improve mental health	Due to the provision of "warm referrals" to an expanded array of home and community-based services and supports, clients will be connected to healthcare services and other prevention supports that will decrease their use of physical health services and emergency rooms. The increased cross-system collaboration will improve the use of Medicaid and other resources.	The Behavioral Health Navigator will meet with the referred client/family regularly to create a plan that will address the family's needs, review and track progress toward achieving the plan, and adjust the plan as appropriate.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Due to the provision of "warm referrals" to an expanded array of home and community-based services and supports, clients will be connected to healthcare services and other prevention supports that will decrease their use of physical health services and emergency rooms. The increased cross-system collaboration will improve the use of Medicaid and other resources.	The Behavioral Health Navigator will meet with the referred client/family regularly to create a plan that will address the family's needs, review and track progress toward achieving the plan, and adjust the plan as appropriate.
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		

<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Due to the provision of "warm referrals" to an expanded array of home and community-based services and supports, clients will be connected to healthcare services and other prevention supports that will decrease their use of physical health services and emergency rooms. The increased cross-system collaboration will improve the use of Medicaid and other resources.	The Behavioral Health Navigator will meet with and provide assistance to children and families, connecting them to an expanded array of home- and community-based services and supports and will document, track and report outcomes.
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	Decrease in behavioral and emotional problems, including decrease in substance use	The Behavioral Health Navigator will meet with the referred client/family regularly to create a plan that will address the family's needs, review and track progress toward achieving the plan, and adjust the plan as appropriate.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Decreased in behavioral and emotional problems will result in decreasing juvenile justice involvement	The Behavioral Health Navigator will meet with and provide assistance to children and families, connecting them to an expanded array of home-

		and community-based services and supports and will document, track and report outcomes.
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input checked="" type="checkbox"/> Other (Please describe): Shared community resource	The Behavioral Health Navigator will develop and keep current a comprehensive directory of area behavioral health providers that will be shared with parents and providers across the Big Bend community.	Through provider surveys and analytics we measure the number of people accessing the directory.

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:	96,145	100.0%	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:	0	0.0%	No
5. Other:	0	0.0%	No

TOTAL	96,145	100%	
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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