

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: The Drug Abuse Comprehensive Coordinating Office - Zero Exposure Newborn Program

2. Date of Submission: 10/18/2017

3. House Member Sponsor: Jackie Toledo

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, Col. E

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:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
	Column: A	B	C	D	E	F
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 plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					250,000	250,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? Yes

5a. If yes, which state agency? Department of Children and Families

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Billing based on services provided.

6. Requester:

- a. Name: Mary Lynn Ulrey, MS, ARNP, CEO
- b. Organization: DACCO Behavioral Health, Inc.
- c. Email: marylynnu@dacco.org
- d. Phone #: (813)384-4200

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Mary Lynn Ulrey, MS, ARNP, CEO
- b. Organization: DACCO Behavioral Health, Inc.
- c. Email: marylynnu@dacco.org
- d. Phone #: (813)384-4200

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Jan Gorrie
- b. Firm: Ballard Partners
- c. Email: jan@ballardfl.com
- d. Phone #: (813)334-5288

9. Organization or Name of entity receiving funds:

- a. Name: DACCO Behavioral Health, Inc.
- b. County (County where funds are to be expended): Hillsborough
- c. Service Area (Counties being served by the service(s) provided with funding): Hillsborough, Polk

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?

Substance abuse among pregnant women is a substantial problem. Our program identifies and provides immediate wrap-around services to pregnant women in need of substance abuse treatment, thereby increasing the number of healthy, substance-free deliveries born in Florida. The Zero Exposure Newborn Program (ZENP) fills in the gap of pregnant women's funding by providing extensive outreach services. ZENP pro-actively addresses issues cited in the US Surgeon General's report on Alcohol, Drugs & Heal

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	\$250,000 for various substance abuse treatment services to pregnant and post-partum women	250,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		250,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

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:

ZENP is supported by multiple community resources including Healthy Start of Hillsborough County, Tampa General Hospital, St. Joseph's Womens Hospital (Baycare System) and ReachUp, Inc. to increase the number of healthy, substance-free babies born.

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. What are the activities and services that will be provided to meet the purpose of the funds?

To provide all levels of care of substance abuse services to pregnant-substance abusing women.

17b. Describe the direct services to be provided to the citizens by the funding requested.

The program will provide the direct services of intensive case management, outreach and residential treatment beds to remove barriers. Activities include extensive outreach activities, wrap-around services, transportation, coordination of care with OBGYN offices, parenting and prenatal education, outpatient, medication-assisted treatment, case management, day treatment, recovery support and treatment beds in a therapeutic community model.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

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
- General (The majority of the funds will benefit no specific group)
- Other (Please describe): Pregnant substance using women

17d. 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 each Benefit/Outcome 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	At least 75% of women will attend routine prenatal care as prescribed by a physician. 85% will complete substance abuse treatment or remain engaged after delivery	Prenatal appointments tracked, logged maintained by program. 5-1/2 lbs birth weights, term deliveries

<input checked="" type="checkbox"/> Improve mental health	Edinburgh Postnatal Depression Scale and documented referral	At least 80% of minimum 100 women scoring 12 or above on Edinburgh Postnatal Depression Scale will be linked to mental health services.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<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 checked="" type="checkbox"/> Improve transportation conditions	Number of pregnant women transported to community appointments and services	Program staff will transport clients to prenatal appointments and community services. As indicated, a bus pass can be provided.
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	At least 90% of ZENP babies will be born substance-free	Birth outcomes from hospital discharge records. OBGYN records or client clinical records.
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		

<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 type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	250,000	27.5%	N/A
2. Federal:	446,789	49.1%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	213,773	23.5%	Yes
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	910,562	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 2018-19 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

1-3M

>3-10M

>10M