Appropriations Project Request - Fiscal Year 2020-21
For projects meeting the Definition of House Rule 5.14

1. Title of Project: <u>Foundation for Sickle Cell Disease Research Expansion of Statewide Telemedicine and Telehealth Services for Individuals with Sickle Cell Disease</u>
2. Date of Submission: <u>11/13/2019</u>
3. House Member Sponsor: <u>Shevrin Jones</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, Col. E
   b. What is the most recent fiscal year the project was funded? <u>2019-20</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:

FY:	Input Prior Year Appropriation for this project for FY **2019-20** (If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY **2020-21** (Requests for additional RECURRING funds are prohibited.)		
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 plus Recurring Base Funds** (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:		100,000	100,000		1,000,000	1,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? <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?   Department of Health
   5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? <u>No</u>
   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.

A reduction in monthly payment, with example ranges such as: a two percent reduction, a five percent reduction, etc.

6. Requester:
     a. Name: Lanetta Bronté-Hall
     b. Organization: Foundation for Sickle Cell Disease Research
     c. Email: lbronte@fscdr.org, cc: kthorpe@fscdr.org
     d. Phone #: (954)673-3598

7. Contact for questions about specific technical or financial details about the project:
     a. Name: Lanetta Bronté-Hall
     b. Organization: Foundation for Sickle Cell Disease Research
     c. Email: lbronte@fscdr.org, cc: kthorpe@fscdr.org
     d. Phone #: (954)673-3598

8. Is there a registered lobbyist working to secure funding for this project?
     a. Name: Yolanda Cash Jackson
     b. Firm: Becker & Poliakoff
     c. Email: yjackson@beckerlawyers.com
     d. Phone #: (954)987-7550

9. Organization or Name of entity receiving funds:
     a. Name: Foundation for Sickle Cell Disease Research
     b. County (County where funds are to be expended): Broward
     c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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?

The goal that is to be achieved is expanding comprehensive health care services statewide for individuals with Sickle Cell Disease in Florida, which has one of the nation's highest numbers of individuals living with sickle cell disease. The Foundation for Sickle Cell Disease Research serves as a home institution to 4 telemedicine locations located in Jacksonville, Tampa, Lauderhill/Belle Glade and Homestead. Funding for this request supports expanding telemedicine locations to 40 statewide.

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:		
☐a. Executive Director/Project Head Salary and Benefits		
☐b. Other Salary and Benefits		
☐c. Expense/Equipment/Travel/Supplies/Other		
☐d. Consultants/Contracted Services/Study		
Operational Costs:		
☑e. Salaries and Benefits	This supports hiring Nurse Telemedicine Coordinators and Facilitators at each site location. The Nurse Telemedicine Coordinator assesses, identifies, analyzes and prioritizes problems, interventions and goals by following the treatment plan and established protocol. A Facilitator is an individual that is to help all involved individuals understand the common telemedicine objectives and assists in planning on how to reach these objectives. This	559,240

	also supports any fringe benefits for the staff.	
☑f. Expenses/Equipment/Travel/Supplies/Other	This supports staff travel between patient homes, provider offices and FSCDR telemedicine locations. This also supports consumable office supplies, rent & telephone services, promotional and marketing materials and telemedicine equipment (hardware & software) for all locations.	440,760
☐g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
☐h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

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)
   ○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:

Yes, FSCDR has received support by being added into the Congressional Record by Congresswoman Debbie Wasserman Schultz. In the local community, FSCDR has resolution sponsorship from Miami-Dade County Commissioner Chair Audrey Edmonson, and Commissioners Danielle Levine Cava and Barbara Jordan. FSCDR also has documented support from the following companies and organizations: Florida Department of Health, Related Urban Development Group, Florida Department of Children & Families, MedicAlert Found.

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

16a. Please Describe:

Yes, a national study, with solutions that can be applied to the State of Florida, produced guidelines to help people living with sickle cell disease receive high-quality appropriate care from primary care providers, clinicians, nurses and other staff that provide emergency or primary care to individuals with sickle cell disease. Study title: Evidence-Based Management of Sickle Cell Disease: Expert Panel Report, 2014, published by the NHLBI.

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?

First, FSCDR will identify cities in Florida with the greatest number of individuals with sickle cell disease to establish telemedicine sites. Then, telehealth equipment will be purchased and the appropriate staff will be identified and recruited. Then, all staff will be trained and the telehealth clinic template will be established in the electronic medical record. Lastly, processes and infrastructure will be evaluated at the home institution to further support telemedicine.

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

The services provided directly contribute to a reduction in hospitalizations for individuals living with sickle cell disease, while also improving their quality of life. The services listed above are either telehealth services, giving these individuals with sickle cell disease comprehensive care they would have not received.

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)

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
☑Improve physical health	Reduced visits to the emergency room and more preventative care measures implemented for sickle cell disease patients.	Data containing rates of inpatient hospitalization and rates of implementation of preventative care can be easily collected from FSCDR's Electronic Health Record. The data will be compared compared quarterly

APR #: 1094

		to FSCDR's data from the previous year. Data will also be compared to national rates.
☑Improve mental health	Patients with sickle cell disease can have poor mental health and can suffer from depression, for example. Having more medical resources accessible and offering social services improves mental health outcomes for sickle cell disease patients.	This outcome can be measured by having a patient complete a PHQ-9 form (Patient Health Questionnaire), which is stored in FSCDR's Electronic Health Record. The data at will be compared compared quarterly to FSCDR's data from the previous year. Data will also be compared to national rates.
☑Enrich cultural experience	Giving sickle cell patients the first opportunity in their lives to go to a center specifically made for them that understands them 100 percent and does not judge them (many are judged in emergency rooms or at other physician's offices).	This can be measured through surveys or focus groups, in which residents are asked their thoughts on the treatment they received prior to FSCDR's founding, and after.
☐Improve agricultural production/promotion/education		
☑Improve quality of education	A benefit of FSCDR educating the public on sickle cell disease is that the public is more informed, making sickle cell disease patients feel more socially accepted. Another benefit is educating the South Florida community of the prevalence of sickle cell trait. If they are unsure if they have it, they need to get screened. This way, potential parents are at least aware of their sickle cell status, since sickle cell is a strictly	This can be measured through social media insights. Testing is done in the office by a finger prick.

	hereditary condition.	
☐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	A reduction in inpatient hospitalizations equals a reduction in profit-loss for many hospital systems and insurance companies across Florida. Our current center and future hospital also stimulate the local economy, as we regularly have patients, doctors and pharmaceutical companies visit us from out of town, in addition to holding an annual meeting with roughly 500 attendees.	FSCDR needs to have an agreement in place with local hospital systems to be allowed access to financial data demonstrating how much is being spent on emergency hospital stays by sickle cell disease patients. Then, a comparison can be made quarterly to see how much was saved after reductions. To determine how much economic activity FSCDR generates, companies such as the Greater Fort Lauderdale Convention & Visitors Bureau can inform us.
☑Increase tourism	As stated above, our center and our annual meeting draw tourists, nationally and internationally.	This can be measured by tourism and economic measurement tools provided by our local community partnerships.
☑Create specific immediate job opportunities	A benefit of this is a reduction in the Florida unemployment rate. With this funding, we are hiring a minimum of 20 new staff members.	This can be measured by checking demographic data once released by the census or other demographic measuring tools.
☑Enhance specific individual's economic self sufficiency	This is empowering for sickle cell disease patients. Patients are able to improve their economic situation	This can be measured through data collection in FSCDR's electronic

	through the telehealth services FSCDR provides, as they will be healthier and better able to manage their condition.	health record.
☐Reduce recidivism		
☑Reduce substance abuse	FSCDR patients are able to reduce their opioid *use*, not abuse, through one of our doctors that is licensed to prescribe medical cannabis in the State of Florida. While this isn't an issue of addiction, this reduces the use of opioids and the potential to abuse them. For the extremely small percentage of patients with substance abuse issues, resources are available to assist them in their recovery.	Patients' dosage and medication history are stored in our Electronic Health Record. Data can be analyzed from there.
☐Divert from Criminal/Juvenile justice system		
☐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 2020-21 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:	1,000,000	88.9%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	125,000	11.1%	Yes
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	1,125,000	100%	

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

20a. How much state funding would be requested after 2020-21 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