

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Escambia County Healthy Start Coalition - Community Resources Improving Births (CRIB)
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Clay Ingram
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:					100,000	100,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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? Department of Health
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
 - 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.
Possible financial penalties for not meeting deliverables

6. Requester:

- a. Name: Theresa Chmiel
- b. Organization: Escambia County Healthy Start Coalition, Inc.
- c. Email: theresa@healthystart.info
- d. Phone #: (850)696-2291

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

- a. Name: Theresa Chmiel
- b. Organization: Escambia County Healthy Start Coalition, Inc.
- c. Email: theresa@healthystart.info
- d. Phone #: (850)696-2291

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

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

9. Organization or Name of entity receiving funds:

- a. Name: Escambia County Healthy Start Coalition
- b. County (County where funds are to be expended): Escambia
- c. Service Area (Counties being served by the service(s) provided with funding): Escambia

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?

CRIB will provide education, support, and medical services to high risk pregnant women and their families to reduce preterm births and improve overall health. Emphasis will be to engage families residing in zip codes with the highest rates of preterm births. Successful implementation of CRIB will serve as a pilot that can be easily replicated in communities throughout the State.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Salary and benefits for one (1) 1FTE "CRIB" Program Coordinator responsible for all aspects of program implementation and management.	45,312
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Equipment, training costs, travel expenses, and other supplies required by the CRIB Program Coordinator to ensure successful implementation of the program.	7,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Salary and benefits package to hire four (4) .25FTE Community Peer Advocates who will be trained to conduct education sessions, encourage participant involvement, and actively recruit new participants.	24,960

<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Expenses associated with CRIB Program operations including participant recruitment, consumable and non-consumable program materials, curricula development, and demonstration tools.	22,728
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		100,000

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:

CRIB has commitments from multiple medical providers and service agencies including FQHC, FDOH-EC, WIC, 90Works, CDAC, Sacred Heart Hospital, Baptist Healthcare, Community Action Program Committee, and the City of Pensacola.

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?

CRIB will co-locate health care, social services, and education and support services in a well-established, strategically located community center in a geographic region which accounts for 22% of preterm births in Escambia County. Data shows there is also a high rate of pregnant women who do not access prenatal care and other education and support services proven to improve birth and developmental outcomes. CRIB eliminates the barriers our participants face including lack of transportation, lack

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

CRIB participants will be able to attend a multitude of education sessions aimed at improving their knowledge of healthy behaviors (smoking cessation, substance abuse, healthy eating and exercise, early and consistent prenatal care, etc) and learning skills necessary to reduce stress and increase self-sufficiency (money management and budgeting, how to prepare for successful employment, and healthy ways to cope with stress).

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 women with the highest risk factors for a poor birth outcome.

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	1. the number of pregnant women entering prenatal care in the first trimester 2. number of participants who agree to make positive behavior change	1. Available baseline data will be used to measure results 2. Baseline data will be measured by pre-session questionnaires, change measured by post-session questionnaires
<input checked="" type="checkbox"/> Improve mental health	number of participants successfully completing stress reduction sessions	measured by evidence based depression screening tools pre-session and post-sessions
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	total number of participants successfully completing education sessions	participant enrollment will be tracked and knowledge increase in all sessions will be measured by pre- and post- session questionnaires
<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 checked="" type="checkbox"/> Create specific immediate job opportunities	CRIB will hire 4 Community Peer Advocates	successful hiring and training of 4 new employees
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	number of participants successfully completing the money management and budgeting sessions	pre- and post- session questionnaires
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	number of participants successfully engaging in substance abuse counseling and support services	referrals to substance and mental health providers will be tracked and followed to ensure client engagement and success
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	number of participants successfully completing safety plans to maintain family unity	baseline data will come from participant enrollment forms which will track current DJJ or DCF involvement
<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:	100,000	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	100,000	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