

Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Electronic Personal Health Records System for Foster Children and Caregivers
2. Date of Submission: 02/01/2016
3. House Member Sponsor(s): Heather Fitzenhagen

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
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? 2015-16
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
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)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:	0	450,000	450,000	0	350,000	0	350,000

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs

5. Requester:

- a. Name: Elizabeth VanAcker
- b. Organization: Five Points Technology Group, Inc.
- c. Email: Elizabeth.Vanacker@fiveptg.com
- d. Phone #: (941)751-1901

6. Organization or Name of Entity Receiving Funds:

- a. Name: Department of Children and Families on behalf of Five Points
- b. County (County where funds are to be expended) Statewide
- c. Service Area (Counties being served by the service(s) provided with funding) Statewide

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

The Florida DCF Electronic Personal Health Record system (PHR), My JumpVault, is an intuitive, youth envisioned web application developed under the direction of a group of young adults in the Florida foster care system. My JumpVault was developed as a tool to provide foster youth a secure place to easily upload, store and manage the vital information that life requires, including important health, education and employment documentation. My JumpVault automatically populates information from the Florida Safe Families Network and the Sunshine Health data warehouse to provide information to users.

The funds will be utilized for the secure hosting and maintenance of the PHR software. The budget includes staff for project implementation, help desk to assist users, and youth staff formerly in foster care to deliver the ongoing youth and caregiver training for the PHR system usage.

Per the contract with DCF the PHR system must be available and accessible to the user base 24*7, a minimum of 98.5% of the time, instead of having to wait for a case work or staff member to be in the office and have time to send the document in paper form. Additionally the PHR system gives the caregiver access to this information immediately upon placement of the youth instead of the lag time it may take to obtain the paper file

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

- Federal: 0
- State: 0 (Excluding the requested Total Amount in #4d, Column G)
- Local: 0
- Other: 0

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

Yes