

# 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: Hug-Me! Pediatric and Adolescent HIV Care Program
2. Date of Submission: 01/07/2016
3. House Member Sponsor(s): Mike Miller

## 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? 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 <i>(If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2016-17 <i>(If no new Recurring or Nonrecurring funding is requested, enter zeros.)</i>			
	Column: A	B	C	D	E	F	G
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>	<b>INCREASED or NEW Recurring Requested</b>	<b>TOTAL Nonrecurring Requested</b> <i>(Nonrecurring is one time funding &amp; must be re-requested every year)</i>	<b>Total Funds Requested Over Base Funding</b> <i>(Recurring plus Nonrecurring: Column E + Column F)</i>
Input Amounts:					630,000	80,000	710,000

- 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: Lisa Barr
- b. Organization: Hope & Help Center of Central Florida, Inc. (Hope & Help)
- c. Email: lbarr@hopeandhelp.org
- d. Phone #: (407)645-2577 Ext. 121

6. Organization or Name of Entity Receiving Funds:

- a. Name: Hope & Help Center of Central Florida, Inc. (Hope & Help)
- b. County (County where funds are to be expended) Orange
- c. Service Area (Counties being served by the service(s) provided with funding) Brevard, Lake, Orange, Osceola, Saint Lucie, Seminole

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.)

Nationally, in 2013, Florida ranked first for the number of new Human Immunodeficiency Virus (HIV) infection cases diagnosed; third for the number of HIV infections diagnosed among children younger than age 13; and the Orlando Metropolitan Area reported more new HIV cases than 19 other states as a whole! HIV is an epidemic in Florida!

Pediatric and adolescent HIV care in Central Florida is in crisis. Since 1994, the Hug-Me! (Help Understand and Guide Me) Pediatric and Adolescent HIV Care Clinic at the Center for Medicaid Services (CMS) Clinic on Lake Ellenor Drive in Orlando has been the sole site for pediatric and adolescent HIV care in Central Florida. In response to state funding cuts, CMS is discontinuing the Hug-Me! Clinic, and is actively excluding long-established HIV-infected children and adolescents from much needed specialty care. Furthermore, CMS is not accepting new HIV-exposed or -infected patients.

In urgent response to the CMS Hug-Me! Clinic closure, Nemours Children's Hospital is making clinic space available at the Nemours Children's Specialty Care Clinic at 1717 S. Orange Avenue in Orlando and partnering with Hope and Help Center of Central Florida, Inc., 1935 Woodcrest Drive in Winter Park, FL (Hope & Help) to provide the CMS services (e.g. social work, case management) needed by patients and families infected with and affected by HIV the Nemours Children's Specialty Care Clinic lacks. Furthermore, state Medicaid payments to Nemours Children's Hospital cover only a portion of the professional and institutional costs incurred when caring for children and adolescents with HIV. (It should be noted that less than 1% of children and adolescents with HIV are covered by private health insurance; most are uninsured or are covered state Medicaid programs.)

Initially Hope & Help and Nemours will maintain the Hug-Me! Program name to provide recognizable continuity and to honor the outstanding achievements of the Hug-Me! Program creators.

With these requested funds, the goals of the Hug Me! Pediatric and Adolescent HIV Care Program are to:

1. Provide exemplary medical, psychological, and social work care to children and adolescence infected with HIV.
2. Provide exemplary care to infants with perinatal exposure to HIV
3. Support HIV screening and linkage to care activities of allied community agencies
4. Provide and support community-based HIV prevention education
5. Provide HIV care education to physicians, nurses, social workers, and other care providers

As initial steps toward these goals, the Hug Me! Pediatric and Adolescent HIV Care Program will use the requested funds to:

1. Offer 2 half-days per week clinic staffed by a Pediatric Infectious Diseases subspecialist to provide direct medical care to children and adolescents with HIV infection, and to infants with perinatal exposure to HIV.
2. Offer 2 half-days per week clinic staffed by a general pediatrician or adolescent medicine subspecialist to provide direct medical care to adolescents at high risk of acquiring HIV.
3. Provide one day per week of a Pediatric Infectious Diseases subspecialist to work with community agencies to:
  - a. Improve HIV screening and linkage to care
  - b. Provide community-based HIV education.
  - c. Design and seek support for diverse adolescent prevention methods including non-occupational post-HIV exposure and pre-HIV exposure prophylaxis program (nPEP and PrEP program).
  - d. Work with Nemours Children's Hospital and with Hope & Help to enroll both organizations into the federal 340B drug discount program.
4. Provide access to a qualified social worker who will provide the following support activities:
  - a. Meet mothers of HIV-exposed infants in hospital immediately postpartum, ensuring linkage of care at the Hug Me! Clinic.
  - b. Provide case management for families of HIV-exposed infants, and for HIV-infected children and adolescents.
  - c. Provide initial counseling support to families of HIV exposed infants, to HIV infected children and adolescence, and to high-risk HIV-uninfected adolescents.
  - d. When possible, enroll children and adolescents into Florida State Medicaid.
  - e. Work with medical clinicians, develop and implement a pediatric-to-adult care transition program to ensure continuity of care and continued access to medications.
5. Provide HIV and sexually transmitted disease (STD) testing

- a. Provide rapid testing for HIV, STD, Hepatitis C for youth up to age 21
  - b. Provide testing in high risk environments (juvenile detention, shelters, etc.) and provide other testing locations with contact information to ensure youth are linked to Hug Me! Clinic for treatment
  - c. Provide pre- and post-test counseling by a qualified testing counselor
  - d. Provide Peer Mentor Support to all HIV positive youth to include immediate follow-up when testing positive, assistance talking with families/partners, initial HIV education, escort to and linkage to care with Hug Me! Clinic for all reactive cases
6. Provide Mental Health Services
- a. For HIV positive youth and family members
  - b. Provide assessment and diagnosis, history, mental health examination, treatment goals, pharmacological treatments indicated, mental health counseling for individual, group and family
  - c. Conduct group or individual sessions with a detailed treatment plan by licensed mental health professional or professional authorized within the State to render such services (psychiatrists, psychologists and licensed clinical social workers)
7. Provide Substance Abuse Treatment Services ? Outpatient for HIV positive youth
- a. Provide pre-treatment recovery readiness programs
  - b. Provide harm reduction
  - c. Provide counseling to reduce depression, anxiety, and other disorders associated with substance abuse
8. Provide Education and Training
- a. Develop age appropriate educational materials to provide fun, interactive instruction on HIV, STD, Hepatitis C prevention and healthy alternatives
  - b. Develop marketing and social media outreach tools to increase awareness in adolescent and youth populations
  - c. Develop marketing, social media and educational materials for parents and educators and work with schools to promote healthy sexuality and deter high risk behaviors
8. Provide the total cost of the project for FY 2016-17 from all sources of funding:
- Federal: 0
- State: 710,000 (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