



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Telehealth Virtual Crisis Response Team

2. **Senate Sponsor:** Linda Stewart

3. **Date of Submission:** 11/03/2017

4. **Project/Program Description:**

IMPOWER is the leading non-profit behavioral health agency in Florida offering access to mental health services via telehealth, providing over 500 telehealth visits per week. This project is to implement and operate a Virtual Crisis Response Team (VCRT) in Orange, Osceola and Seminole counties to provide residents with immediate access to virtual comprehensive crisis response services 24 hours a day, seven days per week. The VCRT goal will be to provide stabilization and diversion for those experiencing a mental health crisis by offering immediate crisis counseling, risk assessment, referral and linkage to service needs/community supports as identified through assessment, case management, aftercare services and access to psychiatric consultation. Crisis support and stabilization services are designed to defuse an immediate crisis, maintain a safe living environment for individuals and family, prevent law enforcement involvement and arrests and reduce the need for hospitalization.

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

Department of Children and Families

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
703,824		703,824

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	92,111	11.5%
Local	5,125	0.6%
Other	0	0.0%
TOTAL	97,236	12.1 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 801,060



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### 9. Previous Year Funding Details:

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18		
	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

### 10. Is future-year funding likely to be requested?

No

### 11. Program Performance:

#### a. What is the specific purpose or goal that will be achieved by the funds requested?

The purpose of IMPOWER's Virtual Crisis Response Team is to provide the Central Florida community with immediate access to a virtual team of qualified mental health professionals available 24 hours a day to assist those individuals or families experiencing a crisis and assist with access to services. The project funding request is designed to achieve stabilization to individuals or families while diffusing the current crisis, reducing the need for crisis hospitalizations, reducing the need for law enforcement response and arrests, providing placement stabilization and safe living environments while assessing mental health needs for referral support and service linkage.

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

The Virtual Crisis Response Services that will be available under this funding include mental health risk assessment, virtual crisis counseling (individual or family), psychiatric consultation as indicated, case management services for referral and linkage to community supports, access to ongoing services with IMPOWER (if eligible) and aftercare case management services. As part of aftercare services each individual served will receive a follow up assessment and counseling session from a mental health professional and case management services to ensure a service plan is in place. IMPOWER will conduct marketing efforts and presentations in Central Florida to ensure the VCRT service is well known to the community and partner agencies.



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### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	CEO salary and benefits portion of expense based on indirect cost methodology.	10,416
<input checked="" type="checkbox"/> Other Salary and Benefits	Administrative staff salary portion based on indirect cost methodology. Incl AR, AP, HR, and IT.	36,931
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Travel (\$1,004), Supplies (\$473), Other Expense (\$15,158)	16,635
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Clinical Director (8 hrs per week of oversight), VCRT Clinical Supervisor, Case Manager (\$32,500 per FTE, 3 FTEs), Clinical On Call (2 Clinicians / day, \$40 per day on call, \$120 / hr per response face-to-face), Clinical Follow up services (.30 FTE of Clinician for follow up Employee Benefits)	504,326
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Office Supplies, Technology Expenses, Communications Expenses, Postage, Staff Travel, Staff Development & Training, Employee Hiring Expenses, Insurance	31,516
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Psychiatric Provider - Contract	104,000
Fixed Capital Construction/Major Renovation		



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<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		703,824

**d. What are the direct services to be provided to citizens by the appropriations project?**

Virtual Crisis Response Services to be provided under this project will be available to all Central Florida individuals, children and adults residing in Orange, Osceola and Seminole counties. Direct services would include risk assessment, virtual crisis counseling (individual or family), psychiatric consultation as indicated, referral and linkage to community supports, access to ongoing services with IMPOWER (if eligible), case management and aftercare services. Each individual served will receive aftercare services that include a follow up counseling session and linkage to a Case Manager who will develop an individualized service plan to ensure continuity of care and assistance with access to identified service needs.

**e. Who is the target population served by this project? How many individuals are expected to be served?**

The target population will include any individual or family residing in Orange, Osceola and Seminole counties that are experiencing a crisis situation. This could include children, adults or families. The target number to be served is 25 per month or 300 individuals annually

**f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

Expected outcomes of the Virtual Crisis Response Team include: Measure 1 - Divert individuals served from admissions to community crisis stabilization unit as response to crisis situation. Measure 2 - Reduction in law enforcement response and/or arrests/incarceration for individuals served. Measure 3 - Placement Stabilization of individual served, remaining in least restrictive placement. Measure 4 - Increase opportunity to refer individuals in crisis to appropriate service providers.

**g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?**

Corrective action plan, up to non-renewal of funding.

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

None.

**13. Requestor Contact Information:**

- a. **Name:** Anna Baznik
- b. **Organization:** IMPOWER, Inc.
- c. **Email:** abaznik@impowerfl.org
- d. **Phone Number:** (407)491-0965



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**14. Recipient Contact Information:**

**a. Organization:** IMPOWER, Inc.

**b. County:** Orange, Osceola, Seminole

**c. Organization Type:**

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Entity
- University or College
- Other (Please specify)

**d. Contact Name:** Anna Baznik

**e. E-mail Address:** abaznik@impowerfl.org

**f. Phone Number:** (407)491-0965

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**