



# The Florida Senate

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

1. **Title of Project:** BayCare Behavioral Health - Veterans Intervention Program

2. **Senate Sponsor:** Wilton Simpson

3. **Date of Submission:** 12/12/2017

4. **Project/Program Description:**

The Veterans Intervention Program (VIP) provides personalized and specialized outreach, information and referral services, peer navigation and behavioral health services for Veterans and their family members. VIP offers direct services through solution-focused outpatient counseling, detoxification and residential co-occurring treatment, which is in high demand and an identified service gap for Veterans. Peer Navigators would coach, navigate and provide direct outpatient behavioral health services to Veterans and their families by outlining the resources available through VIP, community resources and the U.S. Veterans Administration (VA); introduce participants to other families in their community to engage them in a social support network; help Veterans and family members link/apply for financial assistance, employment, housing or other identified needs; and assist with accessing support funds for financial emergencies that could be barriers.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Children and Families

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

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
485,000		485,000

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)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 485,000

9. **Previous Year Funding Details:**



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- a. Has funding been provided in a previous state budget for this activity? Yes
- b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 3
- c. What is the most recent fiscal year the project was funded? 2017-18
- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- e. Complete the following Worksheet.

FY:	<b>Input Prior FY Appropriation for this project for FY 2017-18</b>		
	A	B	C
	(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:		485,000	485,000

**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?**

Communication and Community Awareness: Increase community access to care via outreach, information and referral, Stand Down sponsorships and community trainings. Behavioral Health Services: Access to immediate residential co-occurring care, detoxification, placement into appropriate outpatient level of care and incidental funding needs. Peer Navigation: All referrals assigned to a Peer Navigator to assist and coach Veterans and their family members as needed through the system of care.

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

Provides support funding for Veterans to reduce barriers to treatment. Covers the operational costs of Peer Navigators/Clinicians and a Clinical Supervisor who have experience in case management, outpatient counseling and assisting veterans and their families with services appropriate to their needs. Residential and detoxification services.

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

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		



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<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Program coordinator, Care navigators and administrative support	165,392
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Medical supplies, office supplies, stand down Supplies, purchased services, utilities, mileage, Veteran Resource Building repairs and depreciation, etc.	76,674
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Support services, residential and detox	242,934
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		485,000

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

Through VIP, BayCare will provide case management, outpatient counseling, co-occurring residential treatment, inpatient detoxification, support funds and assist with linking Veterans and/or their family members to services that are appropriate to their needs.

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

Veterans and/or family members - persons with poor mental health; persons with poor physical health; jobless persons; economically disadvantaged persons; homeless; physically disabled; drug users; currently or formerly incarcerated persons; and drug offenders.

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

\*100% Percent of Veterans will be linked to a Primary Care Physician; \*95% of Veterans and/or family members initiated into treatment within five (5) days of completed assessment; \*15% change in number of



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Veterans and/or family members admitted to residential or outpatient treatment arrested 30 days prior to admission versus 30 days prior to discharge; \*90% of Veterans and/or family members who live in stable housing; \*90% of Veterans and/or family members not readmitted to detoxification within 30 days of discharge; \*51% of Veterans and/or family members who successfully complete residential or outpatient treatment; \*15% decrease in the number of Veterans and/or family members admitted to residential or outpatient treatment arrested 30 days prior to admission versus 30 days prior to discharge.

**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?**

BayCare Behavioral Health has worked with our Managing Entity (ME) and the Department of Children and Families (DCF) during the current year to ensure the current funding meets the required goals of the contract and brings value back to the community. We would work directly with the ME and DCF going forward to ensure any necessary penalties are added to the contract to achieve the expected performance measures.

**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.**

N/A

**13. Requestor Contact Information:**

- a. **Name:** Gail Ryder
- b. **Organization:** BayCare Behavioral Health
- c. **Email:** Gail.Ryder@baycare.org
- d. **Phone Number:** (727)754-9273

**14. Recipient Contact Information:**

- a. **Organization:** BayCare Behavioral Health
- b. **County:** Pasco
- 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:** Debbie Antioco
- e. **E-mail Address:** Deborah.Antioco@baycare.org
- f. **Phone Number:** (727)841-4200

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

- a. **Name:** Eric Prutsman
- b. **Firm:** Prutsman & Associates, P.A.



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**c. Email:** [Eric@prutsmanlaw.com](mailto:Eric@prutsmanlaw.com)

**d. Phone Number:** [\(850\)894-6601](tel:(850)894-6601)