

1. Project Title

Yes

The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

Cove Behavioral Health Mobile Health Services Vehicle

LFIR # 1385

2.	Senate Sponsor	Darryl Rouson					
3.	Date of Request	11/04/2021					
4.	Project/Program Description						
	deliver services which behavioral health is have the ability to a are available. The v	ch include prevention sues including menta	n and wellness Il health, subsi Ith and wellne s to specifically	s edu tance ess su y sch	cation, testing for HI\ use and co-occurrin upport at our physica edule visits to locatio	/ and screening, reing disorders to reactile locations or may none that are in low-ing.	or our trained staff to ferrals and support for h residents who may not not realize such services ncome, high poverty
5.	State Agency to re	ceive requested fun	i ds Depa	artme	ent of Children and Fa	amilies	
	State Agency conta	•					
	State Agency conta	acted: NO					
6.	Amount of the Non	recurring Request f	or Fiscal Yea	ar 202	22-2023		
	Type of Funding				Amo	unt	
	Operations					181,871	
	Fixed Capital Outlay	/				0	
	Total State Funds	Requested				181,871	
7.	Total Project Cost t	for Fiscal Year 2022	-2023 (includ	ling r	natching funds ava	ilable for this proj	ect)
	Type of Funding				Amount	Percentage	
	Total State Funds Requested (from question #6)				181,871	39%	
	Matching Funds			I			
	Federal				250,000	53%	1
	, ,	State (excluding the amount of this request)			0	0%	†
	Other Total Project Costs for Fiscal Year 2022-2023				0 37,833	0% 8%	1
					·		1
	Total Project Costs	S for Fiscal Tear 202	22-2023		469,704	100%	J
8.	Has this project pr	eviously received s	tate funding?	?	No		
	Fiscal Year				Specific	Vetoed	
	(уууу-уу)	Recurring	Nonrecurrir	ng	Appropriation #		
9.	Is future funding li	kely to be requested	1 ?		No		_
	a. If yes, indicate n	onrecurring amoun	t per year.				
	b. Describe the so	urce of funding that	can be used	l in li	eu of state funding.		
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10	. Has the entity req	uesting this project	received an	y fed	eral assistance rela	ted to the COVID-	19 pandemic?



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If yes, indicate the amount of funds received and what the funds were used for.

Payroll Protection Program \$2,022,100.47 for payroll.
US HHS Stimulus Medicaid CHIP \$391,053.50 for lost revenue - Medicaid
Hillsborough CARES - Non-Profit Safety Net \$150,000 Facility upgrades for COVID-19
Emergency Grant - FESG-CV \$207,623 for rapid re-housing for patients.
COVID-19 Emergency Grant - ESG-SV1-2 - \$204,405 for rapid re-housing for patients.
CARES Funding - FIT - \$90,000 for substance use disorder treatment.
COVID-19 Emergency Grant - \$43,550 - residential treatment.

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount		
Administrative Costs:				
Executive Director/Project Head Salary and Benefits		0		
Other Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/Other		0		
Consultants/Contracted Services/Study		0		
Operational Costs: Other				
Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/ Other	Funding to purchase and outfit a new mobile health services gas-truck conversation vehicle that will provide indoor space for testing, screening, counseling, referral, and linkage to care. The exterior will be fitted with a large canopy that can be deployed for shaded outdoor space to provide safe distancing education and information to participants. The vehicle will be handicap-accessible to better serve all participants in the community.	181,871		
Consultants/Contracted Services/Study		0		
Fixed Capital Construction/Majo	r Renovation:			
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (must equal total from question #6)				

12. Program Performance

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

To deliver mobile services in the community for prevention and wellness education, testing for HIV and screening, referrals and support for behavioral health issues including mental health, substance use, and co-occurring disorders and increase awareness of access to telehealth services for these issues to individuals in low-income, high poverty neighborhoods who may not have the ability to access services in traditional physical settings as well as to participating in events that would be frequented by high-risk populations.

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

The request is for a mobile health services vehicle that will be delivering services including prevention, HIV screening and testing referrals and support for behavioral health issues in locations that are low income, high poverty neighborhoods or to participate in events that would be frequented by high-risk populations.

c. What direct services will be provided to citizens by the appropriation project?

The mobile health services vehicle will be delivering services including prevention and wellness education, testing for HIV and screening, referrals and support for behavioral health issues including mental health, substance use, and co-occurring disorders to low income, high poverty neighborhoods or at events with high-risk populations.



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

Persons with poor mental health, economically disadvantaged persons, homeless, drug users, university/college students, individuals at risk for HIV, and individuals at risk for Hep C. Estimated that 1,000 individuals would be served a year in the mobile vehicle.

- e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
- 75 community members will be offered HIV testing each month to assist in increasing awareness, and "Knowing Their Status". All testing will be documented and recorded in accordance with CDC and DOH guidelines.
- Two community based agencies/business will be identified monthly that will be a partner with the mobile clinic and Cove to provide our program information as a resource for community members seeking assistance. Staff will provide two signed community contracts monthly for agencies/businesses willing to support our community outreach efforts.
- Every client who is provided testing will receive harm-reduction education surrounding substance use behaviors. Each client who identifies a need for services during testing will receive community referrals and linkage to care.
- f. 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 the contract?

The department's standard contract penalties should be sufficient.

relationship between the owners of the facility and the entity.

13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the

N/A			



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14. Requestor Contact Information								
a. First Name	Э	Deanna		Last Name	Obregon			
b. Organizati	ion	Cove Behavioral Health, Inc.						
c. E-mail Add	dress	DeannaO@covebh.org						
d. Phone Nu	mber	(813)384-4161 Ext.						
15. Recipient Contact Information								
a. Organizati	a. Organization Cove Behavioral Health, Inc.							
b. Municipali	b. Municipality and County Hillsborough							
c. Organizati	c. Organization Type							
□For Profit	□For Profit Entity							
☑Non Profit	☑Non Profit 501(c)(3)							
□Non Profit	□Non Profit 501(c)(4)							
□Local Enti	□Local Entity							
□University	□University or College							
□Other (ple	□Other (please specify)							
d. First Name	e	Deanna		Last Name	Obregon			
e. E-mail Add	dress	DeannaO@covebh.org						
f. Phone Nur	nber							
16. Lobbyist Contact Information								
a. Name		Jan Johnson Gorrie						
b. Firm Name	e [Ballard Partners						
c. E-mail Add	dress	jan@ballardpartners.com						
d. Phone Nu	mber	(813)374-6007						