

1. Project Title

**Fiscal Year** 

(yyyy-yy)

2021-22

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

Veterans Intervention Program

LFIR # 1830

2.	Senate Sponsor	Danny Burgess									
3.	Date of Request	12/17/2021									
4.	Project/Program Des	scription									
	The Veterans Intervention Program (VIP) provides personalized and specialized outreach, information and referral services, care navigation and behavioral health services for Veterans and their family members. VIP offers direct services through solution-focused outpatient counseling and residential co-occurring treatment, which is in high demand and an identified service gap for Veterans. Care 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										
5.	i. State Agency to receive requested funds  Department of Children and Families										
	State Agency contact	eted? No									
6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023											
	Type of Funding										
	Operations			485,000							
	Fixed Capital Outlay			0 <b>485,000</b>							
	<b>Total State Funds R</b>	equested									
7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)											
	Type of Funding			Amount	Percentage						
	Total State Funds Re	quested (from question #6)		485,000	100%						
	Federal			0	0%						
	State (excluding the a	amount of this request)		0	0%						
	Local			0	0%						
	Other			0	0%						
	Total Project Costs	for Fiscal Year 2022-2023		485,000	100%						
8.	Has this project prev	viously received state fundi	ing?	Yes							

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

485,000

Recurring

and yes, maloute normedaring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

**Amount** 

**Nonrecurring** 

Currently BayCare does not have an additional funding sources for this project.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

485,000

Specific

Appropriation #

367

Vetoed

No



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Yes

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

BayCare Health System received \$143.4 million in CARES Act funding and federal grants to help with the response to the pandemic.

# 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	Program Supervisor, care navigators, and administrative support positions	170,354					
Expense/Equipment/Travel/Supplies/ Other	Medical supplies, office supplies, stand down supplies, purchased services, utilities, mileage, Vet building repair, depreciation, etc.	71,712					
Consultants/Contracted Services/Study	Support funds and residential	242,934					
Fixed Capital Construction/Majo	r Renovation:						
Construction/Renovation/Land/ Planning Engineering		0					
Total State Funds Requested (must equal total from question #6) 485,0							

# 12. Program Performance

## a. What specific purpose or goal 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, placement into appropriate outpatient level of care and incidental funding needs. Care Navigation: All referrals assigned to a Care Navigator to assist and coach Veterans and their family members as needed through the system of care.

# b. What activities and services 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 Care Navigators and a Clinical Supervisor who have experience in case management, outpatient counseling and assisting Veterans and their families with services appropriate to their needs as well as Residential services.

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

Through VIP, BayCare will provide outreach, information and referral, case management, outpatient counseling, cooccurring residential treatment, support funds and assist with linking Veterans and/or their family members to services that are appropriate to their needs. Case management and outpatient counseling services will be available via in person and telehealth platforms.

### d. 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; persons with substance use, currently or formerly incarcerated persons; and substance use offenders.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will



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### 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 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.

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?

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.

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

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14.	14. Requestor Contact Information								
	a. First Name	Gail		Last Name	Ryder				
	b. Organization	BayCare Behavioral Health							
	c. E-mail Address	gail.ryder@baycare.org							
	d. Phone Number	(727)841-4200 Ext.							
15. Recipient Contact Information									
	a. Organization BayCare Behavioral Health								
	b. Municipality and County Pasco								
	c. Organization Type								
	□For Profit Entity	tity							
	☑Non Profit 501(c	Profit 501(c)(3)							
	□Non Profit 501(c	Non Profit 501(c)(4)							
	□Local Entity	al Entity							
	□University or College								
	□Other (please specify)								
	d. First Name	Deborah		Last Name	Antioco				
	e. E-mail Address	Deborah.antioco@baycare.org							
	f. Phone Number								
16. Lobbyist Contact Information									
	a. Name	Jason Rodriguez							
	b. Firm Name								
	c. E-mail Address	jason.rodriguez@BayCare.org							
	d. Phone Number	(727)519-1885							