

1. Project Title

2. Senate Sponsor

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

Veterans Intervention Program

Danny Burgess

LFIR # 1222

3.	Date of Request	02/03/2023						
4.	Project/Program De	escription						
	services, care navig through solution-foc identified service ga services to Veterans Veterans Administra	ation and behavioral used outpatient cour p for Veterans. Care and their families bution (VA); introduce ans and family memb	I health services for nseling and residen Navigators would y outlining the reso participants to othe pers link/apply for fi	tial co-occurring trea coach, navigate and urces available throu	amily members. VIF tment, which is in hi provide direct outpa igh VIP, community nmunity to engage t	offers direct services gh demand and an Itient behavioral health resources and the U.S. hem in a social support		
5.	State Agency to re	ceive requested fur	nds Departme	ent of Children and F	amilies			
	State Agency conta		for Fiscal Year 202	23-2024				
	Type of Funding			Amo	ount			
	Operations				485,000			
	Fixed Capital Outlay				0			
	Total State Funds	Total State Funds Requested			485,000			
7.	Total Project Cost f	or Fiscal Year 2023	3-2024 (including r	matching funds ava	ilable for this proje	ect)		
	Type of Funding			Amount	Percentage			
	Total State Funds Requested (from question #6)			485,000	100%			
		Matching Funds			201			
	Federal			0	0%			
	Local	State (excluding the amount of this request)			0% 0%			
	Other			0	0%			
				485,000	100%			
Total Project Costs for Fiscal Year 2023-2024 485,000 100% 8. Has this project previously received state funding? Yes								
	Fiscal Year	Amo		Specific "	Vetoed			
	(уууу-уу)	Recurring	Nonrecurring	Appropriation #				
	2022-23	0	485,000	372	No			
9. Is future funding likely to be requested?			Yes					
a. If yes, indicate nonrecurring amount per year.				485,000				
	b. Describe the sou	urce of funding tha	t can be used in li	eu of state funding				
	Currently BayCare	does not have an ac	dditional funding so	urce for this project.				

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



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No						
If yes, indicate the amount of funds received and what the funds were used for.						

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11.	Status of Cons	struction				
	a. What is the current phase of the project?					
	OPlanning	ODesign	Construction			
	b. Is the projec	t "shovel read	y" (i.e permitted)?			
c. What is the estimated start date of construction?						
	d. What is the e	estimated com	pletion date of construction?			
12			y to receive, directly or indirect oners of the facility and the enti		l outlay funding. Include the	

13. 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	175,464		
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 services	237,824		
Fixed Capital Construction/Major Renovation:				
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (m	ust equal total from question #6)	485,000		

14. Program Performance

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



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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, co-occurring 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 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

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

5. Requester Contact Information								
a. First Name	Gail	Last Name	Ryder					
b. Organization	BayCare Behavioral Healt	h						
c. E-mail Address	gail.ryder@baycare.org							
d. Phone Number	(727)841-4200	Ext.						
6. Recipient Contact	-mail Address gail.ryder@baycare.org hone Number (727)841-4200 Ext. ipient Contact Information rganization BayCare Behavioral Health							
a. Organization	BayCare Behavioral Health							
b. Municipality and	d County Pasco							

c. Organization Type

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□For Profit Entity	□For Profit Entity				
☑Non Profit 501(c	☑Non Profit 501(c)(3)				
□Non Profit 501(c	□Non Profit 501(c)(4)				
□Local Entity	□Local Entity				
□University or Co	□University or College				
□Other (please sp	□Other (please specify)				
d. First Name	Deborah	Last Name	Antioco		
e. E-mail Address	e. E-mail Address Deborah.antioco@baycare.org				
f. Phone Number	f. Phone Number (727)841-4200				
17. Lobbyist Contact Information					
a. Name	Eric D. Prutsman				
b. Firm Name	Johnson & Blanton				
c. E-mail Address	eric@prutsmanlaw.com				
d. Phone Number	(850)894-6601				