

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: BayCare Behavioral Health - Veterans Intervention Program
2. Date of Submission: 10/20/2017
3. House Member Sponsor: Daniel Burgess  
Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes  
***If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E***
- b. What is the most recent fiscal year the project was funded? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget  <i>(Will equal non-vetoed amounts provided in Column A)</i>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		485,000	485,000		485,000	485,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? No
  - 5a. If yes, which state agency?
  - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Children and Families
  - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
  - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

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.

6. Requester:

- a. Name: Gail Ryder
- b. Organization: BayCare Behavioral Health
- c. Email: Gail.Ryder@baycare.org
- d. Phone #: (727)841-4200

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Debbie Antioco
- b. Organization: BayCare Behavioral Health
- c. Email: Deborah.Antioco@baycare.org
- d. Phone #: (727)841-4200

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Eric Prutsman
- b. Firm: Prutsman & Associates, P.A.
- c. Email: Eric@prutsmanlaw.com
- d. Phone #: (850)895-6601

9. Organization or Name of entity receiving funds:

- a. Name: BayCare Behavioral Health
- b. County (County where funds are to be expended): Pasco
- c. Service Area (Counties being served by the service(s) provided with funding): Pasco

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)

- Local Government
- University or College
- Other (Please describe)

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

The Veterans Intervention Program (VIP) offers direct clinical services through solution-focused outpatient counseling and residential co-occurring treatment, a high demand and service gap for Veterans. Veteran Peer Navigators would assist with linking to community resources and the VA; engage individuals and families in a social support network; link to financial assistance, employment, housing or other identified needs; and access support funds to alleviate barriers to treatment.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Project Oversight, Program Coordinator, Care Navigators, Finance, Grants, Clinical Management and Administrative Support	165,392
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Medical Supplies, Office Supplies, Stand Down Supplies, Purchased Services, Utilities, Mileage, Veteran Resource Building Repair,	76,674

	Depreciation, Facilities, HIM, Marketing, Compliance and Risk	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Support Funds, Residential and Detox	242,934
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>485,000</b>

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

N/A

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Letters of support from Veterans impacted by this program

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

VIP provides personalized and specialized outreach, information and referral services, peer navigation and behavioral health services for veterans and their family members. VIP provides 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 will coach, navigate and provide direct outpatient behavioral services to Veterans and their families by outli

17b. Describe the direct services to be provided to the citizens by the funding requested.

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.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe): Veterans and their families included in the above target populations

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400

○401-800

○>800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Care coordinator	100% of Veterans linked to a Primary Care Physician
<input checked="" type="checkbox"/> Improve mental health	Rapid access to care	95% of Veterans and/or family members initiated into treatment within five (5) days of completed assessment
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Arrest rates	15% change 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
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Stable housing	90% of Veterans and/or family members who live in Stable Housing
<input type="checkbox"/> Increase tourism		

<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	Readmission Rate	90% of Veterans and/or family members not readmitted to detoxification within 30 days of discharge
<input checked="" type="checkbox"/> Reduce substance abuse	Successful Completion Treatment	51% of Veterans and/or family members who successfully complete residential or outpatient treatment
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Arrest Rates	15% change 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
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?

1. Amount Requested from the State in this Appropriations Project Request:	485,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>485,000</b>	<b>100%</b>	

20. Is this a multi-year project requiring funding from the state for more than one year?

No