

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: WestCare Gulfcoast Florida, Inc. - Veterans Integrated Behavioral Healthcare Initiative

2. Date of Submission: 11/13/2017

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? No

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?

c. Were the funds provided in the most recent fiscal year subsequently vetoed?

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>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					300,000	300,000

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.

Money reverts to the State

6. Requester:

- a. Name: James Dates
- b. Organization: Westcare Gulfcoast-Florida, Inc.
- c. Email: James.Dates@westcare.com
- d. Phone #: (727)490-6767

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

- a. Name: James Dates
- b. Organization: Westcare Gulfcoast-Florida, Inc.
- c. Email: James.Dates@westcare.com
- d. Phone #: (727)490-6767

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

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: WestCare Gulfcoast-Florida, Inc.
- b. County (County where funds are to be expended): Pinellas
- c. Service Area (Counties being served by the service(s) provided with funding): Pasco, Pinellas

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 project is designed to address gaps in the continuum of care for Veterans with co-occurring substance use and mental health disorders by providing community-based integrated behavioral health care to achieve increased abstinence from substance use, increased employment rates, decreased recidivism rates, increased housing stability, decreased criminal justice involvement, improved individual and family functioning and well-being, and increased social connectedness

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 checked="" type="checkbox"/> b. Other Salary and Benefits	A portion of the following administrative functions of the agency: contracts management, sustainability, fund development, communications and marketing, finance management, human resources, compliance, risk management, evaluation, quality improvement, facilities management, staff and program development, safety and information systems and procurement. WestCare GulfCoast-Florida?s federally approved indirect rate is 24.5 percent.	59,036
<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	(A) Program Coordinator (1 FTE) (10% requested) (B) Counselor (2 FTE) (100% requested) (C) Case Manager (1 FTE) (100% requested) (D) Research Assistant (1 FTE) (50% requested) (E) Fringe Benefits rate 23.9%	173,001
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Includes a portion of mileage for local travel, office supplies, rent, utilities, communications, copier use, staff recruitment and hiring and insurance costs.	22,963
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Includes a portion of costs for (A) Evaluation (B) Contracts with Therapy Assistance Online (TAO) Connect for online education to enhance therapy and improve outcomes and Indaba Global Coaching, LLC to administer the DiscFlex? tool to assess behavioral tendencies in participants to aid in treatment planning and improve treatment outcomes.	45,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		300,000

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?

No

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?

The project is designed to address gaps in the continuum of behavioral health treatment for Veterans with co-occurring behavioral health disorders living in Pasco and Pinellas Counties.

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

irect services provided by a WestCare clinical team will include: integrated assessment for COD, mental health evaluations, individualized treatment planning, case management services, individual and group counseling for COD, specialized COD education and support groups, life skills training, COD-specific employment readiness, Veterans-specific groups, medication management and monitoring, spiritual wellness education and military family support groups.

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 with co-occurring behavioral health disorders

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 type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Participants will exhibit improved psychiatric symptoms and functioning	Participant self-reporting of improvements Progress notes by clinical team
<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 type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	Participants will be drug-free during treatment	Random drug-testing of participants.
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<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:	300,000	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
TOTAL	300,000	100%	

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

Yes

20a. How much state funding would be requested after 2018-19 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

- ongoing activity ? no total cost
- <1M
- 1-3M
- >3-10M

O>10M