



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3529

1. Project Title
2. Senate Sponsor
3. Date of Request

**4. Project/Program Description**

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. State Agency to receive requested funds
- State Agency contacted?

**6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

Type of Funding	Amount
Operations	485,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>485,000</b>

**7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	485,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>485,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	485,000	378	No

9. Is future funding likely to be requested?
- a. If yes, indicate nonrecurring amount per year.
- b. Describe the source of funding that can be used in lieu of state funding.
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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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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 Construction

a. What is the current phase of the project?

- Planning    
  Design    
  Construction    
  N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Program Supervisor, care navigators, therapist and administrative support positions.	181,723
Expense/Equipment/Travel/Supplies/Other	Medical supplies, office supplies, stand downsupplies , purchased services, utilities, building furnishings, building repair, depreciation, etc.	66,453
Consultants/Contracted Services/Study	Support funds and residential	236,824
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>485,000</b>

### 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

**15. Requester Contact Information**

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

**16. Recipient Contact Information**

a. Organization

b. Municipality and County

c. Organization Type



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- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**