

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

LFIR # 2838

| 1. Project Title   | Aspire Health Partners / Centerstone - Military Veterans and National Guard Mental Health Services |  |  |  |  |
|--------------------|--|--|--|--|--|
| 2. Senate Sponsor  | Danny Burgess  |  |  |  |  |
| 3. Date of Request | 03/03/2023   |  |  |  |  |

### 4. Project/Program Description

Mental Health Services at the Steven A. Cohen Military Family Clinics at Aspire Health Partners and Centerstone will provide critical expansion of behavioral health services for National Guard, veterans and their families regardless of discharge status. Too often, National Guard, veterans and military family members live life coping with trauma and mental health issues related to their military service. Aspire and Centerstone will provide evidenced based, culturally appropriate, person centered therapy for mental health issues including depression, anxiety, post-traumatic stress, adjustment issues, anger, grief and loss, family issues, transition challenges, relationship problems, and children's behavioral problems. Services will include assessment, case management, outpatient psychiatric, and telehealth treatment. Aspire and Centerstone will target National Guard, post 9/11 veterans, and their families.

| 5. State Agency to receive requested funds |     | Department of Children and Families |
|--|-----|-------------------------------------|
| State Agency contacted?                    | Yes |                                     |

### 6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

| Type of Funding             | Amount    |
|-----------------------------|-----------|
| Operations                  | 1,000,000 |
| Fixed Capital Outlay        | 0         |
| Total State Funds Requested | 1,000,000 |

### 7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

| Type of Funding                                | Amount    | Percentage |
|--|-----------|------------|
| Total State Funds Requested (from question #6) | 1,000,000 | 24%        |
| Matching Funds                                 |           |            |
| Federal  | 750,000   | 19%        |
| State (excluding the amount of this request)   | 0         | 0%         |
| Local  | 0         | 0%         |
| Other  | 2,285,135 | 57%        |
| Total Project Costs for Fiscal Year 2023-2024  | 4,035,135 | 100%       |

## 8. Has this project previously received state funding?

| Fiscal Year                      | Amo | ount            | Specific | Vetoed |  |
|----------------------------------|-----|-----------------|----------|--------|--|
| (уууу-уу) Recurring Nonrecurring |     | Appropriation # |          |        |  |
| 2022-23                          | 0   | 1,000,000       | 372      | No     |  |

| 9_ | ls | future | fundina | likelv | to be | requested? |
|----|----|--------|---------|--------|-------|------------|
|    |    |        |         |        |       |            |

Yes

Yes

a. If yes, indicate nonrecurring amount per year.

1,000,000

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

Insurance reimbursement helps to offset a portion of the total expenses. The Cohen Veterans Network currently provides private funding towards this effort.



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| No   | oject received any rederal assistance related to the COVID-19 pa                                      | andemic?   |
|--|---|------------|
|  | ds received and what the funds were used for.   |            |
| Complete questions 11 an   | d 12 for Fixed Capital Outlay Projects  |            |
| 11. Status of Construction   |   |            |
| a. What is the current phase of th                                     | e project?  |            |
| OPlanning ODesign  | Construction  |            |
| b. Is the project "shovel ready" (i                                    | e permitted)?   |            |
| c. What is the estimated start date                                    | e of construction?  |            |
| d. What is the estimated completi                                      | on date of construction?  |            |
| 12. List the owners of the facility to relationship between the owners | receive, directly or indirectly, any fixed capital outlay funding. Is of the facility and the entity. | nclude the |
|  |   |            |
| 13. Details on how the requested sta                                   | te funds will be expended   |            |
| Spending Category  | Description   | Amount     |

| Spending Category                                     | Description   | Amount    |  |  |  |
|---|---|-----------|--|--|--|
| Administrative Costs:                                 |   |           |  |  |  |
| Executive Director/Project Head Salary and Benefits   |   | 0         |  |  |  |
| Other Salary and Benefits                             | Includes prorated amount of Agency Exec. staff, HR, Accounting, Quality Mgmt., Payroll, etc. and related fringe benefits.         | 50,000    |  |  |  |
| Expense/Equipment/Travel/Supplies/<br>Other           |   | 0         |  |  |  |
| Consultants/Contracted<br>Services/Study              |   | 0         |  |  |  |
| Operational Costs: Other                              |   |           |  |  |  |
| Salary and Benefits                                   | Program Director, Licensed/Credentialed Therapists, Fellows, Case Managers, Support Staff, Outreach Staff, Communication Manager. | 900,000   |  |  |  |
| Expense/Equipment/Travel/Supplies/<br>Other           | Computers, secure internet connections, product licenses, staff travel, supplies, transportation.                                 | 40,000    |  |  |  |
| Consultants/Contracted Services/Study                 | Training and evidenced-based protocol.  | 10,000    |  |  |  |
| Fixed Capital Construction/Majo                       | r Renovation:   |           |  |  |  |
| Construction/Renovation/Land/<br>Planning Engineering |   | 0         |  |  |  |
| Total State Funds Requested (m                        | ust equal total from question #6)   | 1,000,000 |  |  |  |

## 14. Program Performance

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



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Cohen Military Family Clinics at Aspire Health Partners and Centerstone for critical ongoing expansion of behavioral health services for National Guard, veterans and military family members across the state. This population struggles with the side-effects of a life of service to our country; moves, deployments, relationship stressors, trauma, other mental health issues. Aspire and Centerstone provide evidenced based, culturally competent, person centered therapy for multiple mental health concerns.

b. What activities and services will be provided to meet the intended purpose of these funds?

Veterans will be provided assessment, case management, outpatient, and telehealth treatment services as described in Ch. 65D-30 and in accordance with the Commission on Accreditation of Rehabilitative Facilities (CARF) accrediting standards.

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

National Guard, veterans and families will be provided services to include initial assessment, suicide screening and intervention (as appropriate), case management (to provide wrap-around community resources and referrals), individual, couples, family and/or group outpatient therapy both in-person and via televideo as well and community engagement activities to promote social engagement activities

d. Who is the target population served by this project? How many individuals are expected to be served?

National Guardsmen, veterans, and military family members. We expect to serve between 401 - 800 individuals.

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

We will improve the mental health of those served by the reduction of depressive and anxiety symptoms by 25%, post-traumatic stress disorder symptoms by 50%, improved quality of life by 10%, reduction in suicidal ideation by 20%. Outcome measures will be collected for each client served at initial assessment and monthly throughout each client's episode of treatment. Outcome measures include: PHQ-9 (for Depression), GAD-7 (for Anxiety), C-SSRS (for suicide risk), and QLES (quality of life rating scale) as well as post-discharge administration of the QLES at 3, 6 and 12 month intervals.

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?

Suggested penalties will be those outlined in the executed contract.

| 5. Requester Contac a. First Name | Babette     |  | Last Name | Hankey |  |  |
|-----------------------------------|-------------|--|-----------|--------|--|--|
| a. i ii st itailic                | Dabette     |  | Last Hame | Папксу |  |  |
| b. Organization                   |             | Aspire Health Partners and Centerstone (Matt Hardy matt.hardy@centerstone.org) |           |        |  |  |
| c. E-mail Address                 | babette.h   | ankey@aspirehp   | .org      |        |  |  |
| d. Phone Number                   | (407)875    | -3700  | Ext.      |        |  |  |
| 6. Recipient Contact              | Information | on   |           |        |  |  |
| a. Organization                   | Aspire He   | Aspire Health Partners and Centerstone   |           |        |  |  |
| b. Municipality and               | d County    | Statewide  |           |        |  |  |
| c. Organization Ty                | pe          |  |           |        |  |  |
| □For Profit Entity                |             |  |           |        |  |  |
| ☑Non Profit 501(d                 | c)(3)       |  |           |        |  |  |
|                                   |             |  |           |        |  |  |



17.

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| □Non Profit 501(c  | 9)(4)                    |           |        |  |
|--------------------|--------------------------|-----------|--------|--|
| □Local Entity      |                          |           |        |  |
| □University or Co  | llege                    |           |        |  |
| □Other (please sp  | pecify)                  |           |        |  |
| d. First Name      | Babette                  | Last Name | Hankey |  |
| e. E-mail Address  | babette.hankey@aspirehp  | o.org     |        |  |
| f. Phone Number    | (407)875-3700            |           |        |  |
| Lobbyist Contact I | nformation               |           |        |  |
| a. Name            | Tanya C Jackson          |           |        |  |
| b. Firm Name       | PinPoint Results LLC     |           |        |  |
| c. E-mail Address  | tanya@pinpointresults.co | m         |        |  |
| d. Phone Number    | (850)445-0107            |           |        |  |