

Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Veteran's Intervention Program
2. Date of Submission: 12/30/2015
3. House Member Sponsor(s): Danny Burgess

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
- 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? No
- d. Complete the following Project Request Worksheet to develop your request (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 <i>(If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2016-17 <i>(If no new Recurring or Nonrecurring funding is requested, enter zeros.)</i>			
	Column: A	B	C	D	E	F	G
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>	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested <i>(Nonrecurring is one time funding & must be re-requested every year)</i>	Total Funds Requested Over Base Funding <i>(Recurring plus Nonrecurring: Column E + Column F)</i>
Input Amounts:					0	485,000	485,000

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs

5. Requester:

- a. Name: Doug Leonardo
- b. Organization: Baycare Behavioral Health
- c. Email: douglas.leonardo@baycare.org
- d. Phone #: (727)841-4200 Ext. 816810

6. 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

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

The proposed project for this request is entitled, Veteran Intervention Program (VIP). VIP would be personalized and specialized outreach, information and referral services, peer navigation and behavioral health services for Veterans and their Family members. VIP would offer direct services to occur 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 would coach, navigate and provide direct outpatient behavioral services to Veterans and their Families by outlining the resources available through VIP, community resources and the VA; introduce participants to the local community of other families to engage them in a social support network; help the Veteran and Family link/apply for financial assistance, employment, housing or other needs; and assist with accessing support funds for financial emergencies that could be barriers to treatment.

Target Population = Veterans and their Families

Targeted Numbers to Serve = 75 Veterans and their Families

Support Funds for Veterans to reduce barriers to treatment = \$35,000.

Training for enhanced specialized 6 session educational program ?Understanding & Effectively Treating Psychological Trauma (PTSD)? This training program will meet for two 3 hr. sessions each week for 3 weeks, for a total of 6 training sessions. The training will be focused on but not limited to treating psychological

trauma = \$32,250.

3.0 Peer Navigators/Clinicians and .50 Clinical Supervisor who

have experience in case management, outpatient counseling and assisting veterans and their families appropriate to their needs = \$203,442.

Residential and detoxification services = \$102,714.

Operational expense to include overhead, BH fee, office supplies, marketing, cell phone air time, forms, laptops, printers, etc. = \$111,594.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: 0

Other: 0

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

No