

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida Veterans' Care Coordination Program - Florida Alliance of Information and Referral Services 211 Network

2. Date of Submission: 11/14/2017

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:					2,000,155	2,000,155

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? Yes

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.

Standard Contract Penalties

6. Requester:

- a. Name: Clara Reynolds
- b. Organization: Crisis Center of Tampa Bay
- c. Email: creynolds@crisiscenter.com
- d. Phone #: (813)964-1964

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

- a. Name: Sunny Hall
- b. Organization: Crisis Center of Tampa Bay
- c. Email: shall@crisiscenter.com
- d. Phone #: (813)969-4934

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

- a. Name: Travis Mitchell
- b. Firm: Louis Betz & Associates, Inc
- c. Email: TravisMitchell6@gmail.com
- d. Phone #: (386)299-7298

9. Organization or Name of entity receiving funds:

- a. Name: DCF- Managing Entities
- b. County (County where funds are to be expended): Statewide
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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) Managing Entities defined by F.S. 394.9082 & 211 providers defined under F.S. 408.918

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

The purpose of this program is to connect Florida veterans to services ? especially mental health and substance abuse services ? using existing 211 infrastructures to provide an easily accessible entry point for finding veteran-critical information and serve as a primary source of information and referral for returning veterans. The goals are to; Prevent suicides by veterans, Increase the number of veterans who make use of agency services, Link Veterans to VA funded programs.

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	Allocation based is based on the percentage of veterans living in the region served by the Managing Entity to fund and operate a Telephone peer support, crisis intervention, and the community of information and referral resource line, including follow up care to include; Suicide assessment, Promotion of the safety and wellness of veterans and their families , Resource coordination, to ensure acceptance, enrollment and attendance by veterans and their	1,941,155

	families.	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Fees related to configuring phone systems to direct calls through the FLOW system to allow direct routing to local 2-1-1s based on location of caller. Quality Assurance and Technical Assistance through on-site and webinar training on Best Practices for Care Coordination and implementation of program.	59,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		2,000,155

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:

Statewide Veterans Advisory Council ? Florida Drug and Alcohol Abuse Association ? FL 2-1-1 Association ? Crisis Center of Tampa Bay ? 2-1-1 Broward ? Florida Alliance of Information and Referral Services

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

Yes

16a. Please Describe:

Statewide Veterans Advisory Council recommended this as a need in the state.

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 purpose of this program is to connect Florida veterans to services ? especially mental health and substance abuse services ? using existing 211 infrastructures to provide an easily accessible entry point for finding veteran-critical information and serve as a primary source of information and referral for returning veterans

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

211 Veterans services must include; Telephone peer support, crisis intervention, and the community of information and referral resources; Treatment coordination, including follow up care; suicide assessment, etc.

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

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	Link veterans in need with assistance to improve their physical health.	? Follow up with callers to determine whether they have acted on a referral or received the assistance needed. ? Record # of calls by Veterans and families, track the number of requests
<input checked="" type="checkbox"/> Improve mental health	Connect Veterans in need to mental health services that are funded by the VA or community based organizations to assist whatever need the caller may need.	? Follow up with callers to determine whether they have acted on a referral or received the assistance needed. ? Record # of calls by Veterans and families, track the number of requests
<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 checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Connect veterans in need to assistance program that can help improve their conditions	? Follow up with callers to determine whether they have acted on a referral or received the assistance needed. ? Record # of calls by Veterans and families, track the number of requests
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	Connect veterans to the programs that can help with substance abuse problems.	? Follow up with callers to determine whether they have acted on a referral or received the assistance needed. ? Record # of calls by Veterans and families, track the number of requests
<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:	2,000,155	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	2,000,155	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

>10M