



Submission of Information

Request for Changes from Currently Contracted Network Service Providers or Request for Funding from Uncontracted Service Providers

Introduction

LSF Health Systems (LSFHS) is the Managing Entity for the Florida Department of Children and Families (DCF) Substance Abuse and Mental Health (SAMH) programs in the Northeast and North Central Florida Region. LSFHS is responsible for the administration of mental health and substance abuse treatment programs for the underserved populations creating a safety net for vulnerable consumers.

Each program serves the neediest individuals that meet DCF's SAMH target population criteria in the Northeast and North Central region and provides for a comprehensive array of outpatient, inpatient and residential services including, but not limited to; therapy, case management, medication management, residential, room and board, crisis and emergency support, prevention, intervention, outreach, peer services, supported housing, and supported employment.

LSFHS uses the Submission of Information process for the following:

- Requests for funding from uncontracted service providers;
- Requests for restoration of funds pulled due to lapse;
- Requests for changes to programming;
- Request for shifts between funding areas;
- Requests for an increase in funding for any reason.

It is the policy for contracted Network Service Providers to provide information and justification for any of the above circumstances. LSFHS accepts submissions from providers at any time and may also initiate this process due to a specific funding concern within the system of care including the need to redistribute lapsed funding.

Submissions shall be submitted to the Network Service Provider's assigned Network Manager via email. LSFHS Management Team will review all submissions, conduct an analysis of the impact of the request, and provide a written response, if chosen for the next step in the selection process. Additional information and follow-up questions may be solicited based on this review.

Funding Request Form

Please fill out the information below accurately and completely, then submit to procurement@lsfnet.org.

1. Organization Name, Address and Contract Number (if current Network Service Provider):

Hernando County Board of County Commissioners
Hernando County Housing and Supportive Services
621 West Jefferson Street
Brooksville, FL 34601
Purchase Order Agreement PO030

2. Organization Contact Person Name, Email, and Phone Number for this Submission:

Veda Ramirez, Director
Housing and Supportive Services

3. Briefly describe the programs, counties and populations served which are impacted by this request.

Hernando County is seeking to continue the two position of Mental Health Substance Abuse Data Analyst and Resource Coordinator. These position with continue to serve all of Hernando County and cover all new and old services of the county. There will be no changes to the scope of work which are to serve as the quality control and hub for dissemination of information regarding opioid funding and resources.

4. Briefly describe your organization's need for additional funding, for a change in programming and/or for a change in funding as currently allocated. Please include the dollar amount(s) you are requesting and whether or not the amount requested is for a full year or partial. If the need for additional funding is due to funding being lapsed in the previous Fiscal Year, please provide an explanation for the lapse and describe your organization's capacity to spend funds if restored.

Hernando County Housing and Supportive Services is in need of additional to account for pay increases and increases in cost of health insurance and other fringes. Requests will be for 12 month period.

5. Briefly describe your organization's plan for the additional funding, change in funding or change in programming. In the event that a service is being discontinued, this plan should outline how the previously served population will be served after the change is made.

Our plans for the additional funding would be to pay for salary increases, cost of living, insurance cost and other fringe benefits. Expenses for technology has also increased, so funds for ongoing technology and operating expenses are needed.

6. If a license is required for the proposed program, have you obtained it (DCF Substance Abuse license for Outpatient services, AHCA license, etc.)? If not, but you have submitted your application, please describe what stage in the process you are in?

N/A

7. Briefly describe your organization's expertise about the delivery of service to the identified population which will be impacted by this change.

ernando County contracts with our Specialty court, , BayCare Behavioral Health, Hernando County Health Department, and Premier Community Health Group to provide various services to residents of the county. Those agencies, frequently work with individuals experiencing Mental Health and Substance Abuse disorders. An additional role of the department is to advocate and connect individuals to services as well as provide information to Hernando County Administration and County commissioners about the services surrounding mental health and substance abuse and recommend programs, initiatives, and funding.

- 8. Are the changes outlined above to be made for this fiscal year only or to be continued beyond year-end into subsequent fiscal years, assuming an ongoing contractual relationship between the agency and LSF Health Systems? Please explain this response.**

Changes are expected to be ongoing. Positions are expected to remain in place and grow and develop as needed over the 18 year allocation span of funds.

- 9. Define and describe the Program Goals.**

Identify and connect individuals to OUD, SUD, Mental Health resources and other needs.
Monitor and implement plans to reduce the time it takes for individuals to receive services.
Track continued care and services.
Identify and track which services are being used in the community and at what rate.
Identify and track needed resources or gaps in services
Use data and surveillance to detect drug trends, monitor the health and wellness of individuals who use drugs, and evaluate intervention
Examine and analyze data to improve the county opioid response
Identify new metrics that can be used to evaluate plan activities
Assess health disparities through data collections.

- 10. Define and describe the Proposed Outcome Measures for the program in which funding is being requested.**

Outcomes to include connecting residents to care through website, community engagement and outreach events, and case management model care coordination in an efforts to ensure access to care and connection to care, timeless and effectiveness of treatments and programs, number served or reached. .

- 11. Outside organizations only:** Describe your organization's data collection capacity and list the name of the data collection system. If you utilize an Electronic Health Record (EHR) system, confirm its capacity to export data as an XML file.

Hernando County Housing and Supportive Services does not utilize an Electronic Health Record, but Does enter into various state systems for other reporting programs. It is our hope that with the assistance of the Data Analyst position requested with this funding, Hernando County will be able to provide information about program usage, effective and other outcomes.

- 12. Outside organizations only:** Describe your organization's business administration capacity specifically related to human resources and financial management.

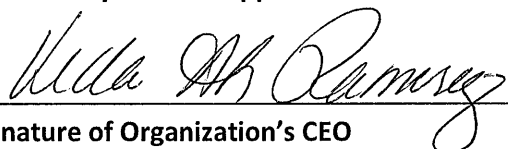
Hernando County Housing and Supportive Services is part of Hernando County Board of County Commissioners. We have a dedicated Human Resource department that conducts a through hiring and screening process which includes background check, eligible or suitable to insure, drug screening, licensing, if applicable, verification of education requirements, e-verify, and several other on-boarding tasks. Hernando County also has a Financial department which processes and monitors all spending within each county department to ensure checks and balances are followed and appropriate invoices are attached. They also receipt funds into the department in separate accounts to ensure no commingling of funds, as well as provide compliance staff to ensure that departments are compliant with funding.

EXHIBIT G

13. **Outside organizations only:** Level 2 Background Screening, through the DCF Clearinghouse, is a requirement for staff members from each agency who enters into a contract with LSFHS. Does your organization currently conduct Level 2 Background Screenings for staff members using this method? If not, are you willing to conduct the required screenings for compliance with the contract?

Hernando county has enrolled.

14. Please provide, as an attachment, the Exhibit C and D - Projected Operating and Capital Budget, using the most recent template, outlining the requested funding including OCAs and associated covered services. Statistics or data regarding utilization to substantiate the request may also be supplied.



Signature of Organization's CEO

5/29/2025
Date



Signature of Organization's Contract Manager

5/29/2025
Date