

# 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.

Revised 11/01/2023 EXHIBIT G, Page 2 of 7

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 funding because these two positions were established to run with the the county's yearly allocation. The positions are intended as ongoing positions through the life of the funding to ensure the best use of funds and dissemination of information and resources. Hernando County previously only requested funding to employ individuals for eights weeks due to time need to interview and hire before the State's fiscal year end of June 2024 but was not able to hire and interview during that time. However staff is scheduled to start in September 2024 and equipment and furniture is ordered. Budgeted amount for salaries is slightly higher to cover Cost of Living Index.

The County's fiscal year begins October 2024 and ends September 2025. Funding will be needed to cover hires from September 2024 to September 2025 instead of the states fiscal year end of June 2024. We are requesting salary and fringes funding for 13 months

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 plan for additional funding would be to maintain the two positions once hired. Hernando County's Fiscal year is different from the states and run from October 1, 2023 to September 2024. So Hernando County would like funding to finish this fiscal year of the county and for the the County's 2024-2025 FY. No funds were used in the State's 2023-2024 Fiscal year, but we now have sufficient applicants to chose from.

We would also like to keep other requested funds to support those two positions.

and the contract of the contra	bmitted your application, please o		ense for Outpatient services, AHCA licer ss you are in?	130
<ol><li>Briefly describe your organiz change.</li></ol>	cation's expertise about the deliv	ery of service to the identified p	population which will be impacted by t	thi
I Premier Community Health of with individuals experienced advocate and connect individuals	h Group to provide various se bing Mental Health and Substa duals to services as well as p	ervices to residents of the co ance Abuse disorders. An a rovide information to Hernar	ando County Health Department, unty. Those agencies, frequently additional role of the department is ndo County Administration and use and recommend programs,	
			·	
change. Thando County contracts with Premier Community Health or with individuals experienced vocate and connect individuals commissioners about the commissioners.	th our Specialty court, , BayCa h Group to provide various se cing Mental Health and Substa duals to services as well as p	are Behavioral Health, Hernary ervices to residents of the co- ance Abuse disorders. An a provide information to Hernar	ando County Health Department unty. Those agencies, frequentl additional role of the department ado County Administration and	t,

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 date 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.

Track, evaluate implementation and outcomes of mental health and opioid grants, projects, and/or initiatives. Outcomes to include, but not limited to prescribing behaviors,, non - fatal overdoses, connection to care, timeliness and effectiveness of treatment,/program, number served/reached, etc.

E	Y	H	I	R	IT	C
	Л	п	1		61	U

11. Outside organizations only: Describe your organization's data collection capacity and list the	e name of the data collection system. If yo
utilize an Electronic Health Record (EHR) system, confirm its capacity to export data as an XM	L 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. With the assistance of the Data Analyst requested with this funding, Hernando County will be able to provide information about program usage, effective and other outcomes.

12. <u>Outside organizations only:</u> 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

Revised 11/01/2023 EXHIBIT G, Page 6 of 7

## **EXHIBIT G**

agency who enters into a contract with LSFHS. Does your organization using this method? If not, are you willing to conduct the required scre	currently conduct Level 2 Background Screenings for staff members
14. Please provide, as an attachment, the Exhibit C and D - Projected Oper the requested funding including OCAs and associated covered service may also be supplied.	
Signature of Organization's CEO	 Date
Heda Ab Xamsey	8/4/ 2024
Signature of Organization's Contract Manager	Date /