

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: Brain Injury Association of Florida, Inc/Department of Health, Brain, and Spinal Injury Program
2. Date of Submission: 01/13/2016
3. House Member Sponsor(s): Colleen Burton

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
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? 2015-16
- 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 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:	1,000,000	0	1,000,000	1,000,000	0	0	0

- 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: Valerie Breen
- b. Organization: Brain Injury Association of Florida, Inc
- c. Email: vbreen@biaf.org
- d. Phone #: (850)410-0103

6. Organization or Name of Entity Receiving Funds:

- a. Name: Brain Injury Association of Florida, Inc
- b. County (County where funds are to be expended) Statewide
- c. Service Area (Counties being served by the service(s) provided with funding) Statewide

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.)

?Department of Health (DOH), Brain and Spinal Cord Injury Program (BSCIP) ?Traumatic Brain Injury (TBI) Resource and Support Center/Brain Injury Association of Florida (BIAF). BIAF has a 30 year history of being Florida's only statewide not for profit organization dedicated to inform, educate, support and advocate on behalf of TBI survivors, their families and caregivers. For the past 18 years BIAF has provided direct community based case management services to TBI survivors and their families. Currently, BIAF provides ongoing proactive Resource/Care Coordination services to all persons statutorily referred with TBI to the DOH/BSCIP Central Registry as well as all those referred from the general public directly to BIAF. BIAF's services are provided to TBI survivors and their families in the hospital, at home, and in the community to assist them from the time the injury occurs throughout the various phases of recovery to maximize understanding of TBI symptom management, mitigate re-hospitalization and/or institutionalization, access appropriate health care, sustain socio-economic self-sufficiency, and sustain community integration after TBI. This is accomplished by connecting families to the right resources e.g. employment, health insurance, health care, and ensure that the resources are responsive and accessible to meet the needs of the TBI survivor and their support system with active follow-up and ongoing interventions as needed.

The funds provide for resource/care coordination and eligibility screening services for all statutorily referred BSCIP/TBI patients from hospitals, rehabilitation facilities and the general public and patient education. Expectations include maintaining a minimum of 5 Resource/Care Coordinators statewide and serving a minimum of 350 individuals with TBI on a quarterly basis. BIAF served 4,000 unique individuals in 2014-2015. Currently, BIAF provides ongoing proactive Resource/Care Coordination services to all persons statutorily referred with TBI to the DOH/BSCIP Central Registry as well as all those referred from the general public. Effective January 2016, under an amended contract with DOH/BSCIP (see attached COP5B-R1A1; Section B.1. a.) BIAF will take over the administrative eligibility functions for BSCIP/TBI services.

Through amended contract outcome/performance markers will be established to include number and demographics of those served with TBI, severity of those served with TBI, and impact of rehabilitation on those served with TBI. The infrastructure will be established this contract year with initial collection of data. Funding beginning FY 2016-2017 will measure outcomes and programmatic impact for persons with TBI served through BSCIP.?

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

Federal: 0

State: 1,000,000 (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