



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 2316

1. **Project Title** South Florida Suicide Prevention and Crisis Intervention Outreach Project

2. **Senate Sponsor** Gayle Harrell

3. **Date of Request** 01/06/2020

4. **Project/Program Description**

Suicide rates have increased more than 30% in the last 15 years. Florida's suicide rate is higher than the national average. Funds will go toward suicide diversion through an outreach and public awareness program about 211 Helpline, targeted to individuals with mental health issues. The program will advance 211 Palm Beach Treasure Coast's mission to reach people in crisis and connect them to information, counseling and support services. Led by 211 Palm Beach Treasure Coast Inc., the program will be conducted throughout Palm Beach, Broward, and Miami-Dade Counties in collaboration with neighboring 211 organizations. Working in conjunction with South Florida's two major railroads, additional focus will address rising rates of suicide by rail.

5. **State Agency to receive requested funds** Department of Children and Families

State Agency contacted? ☐ Yes ☒ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	000
<b>Total State Funds Requested</b>	500,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500000	77.0 %
<b>Matching Funds</b>		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	150,000	23 %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	650,000	100 %

8. **Has this project previously received state funding?** ☐ Yes ☒ No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future-year funding likely to be requested?** ☐ Yes ☒ No

If yes, indicate nonrecurring amount per year.



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#### 10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Project lead for program administration.	20,000
Other Salary and Benefits	Additional staff support to handle crisis calls at each of the 3 partnering 211 organizations.	30,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Monthly Agency contract fee. Consultant will coordinate creative services, materials production, media placement and overall management of awareness campaign.	120,000
<b>Operational Costs: Other</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Development and placement of various media including, digital advertising and Geo-fencing, print advertising development and placement, video production, and events and activations.	275,000
Consultants/Contracted Services/Study	One-time fee for creative services to develop scope and messaging for awareness campaign. Additional funds for spokesperson fees in audio, video products.	55,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		500,000



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#### 11. Program Performance

- a. What specific purpose or goal will be achieved by the funds requested?

The program will reduce South Florida's suicide rate through outreach and public awareness targeted to people in crisis. Emphasis on mental health, suicide prevention, homelessness in South Florida and the Treasure Coast. The program will advance 211 Helpline's mission to reach people in crisis and connect them to information and assistance through direct outreach in communities where suicide and mental health problems are most prevalent.

- b. What activities and services will be provided to meet the intended purpose of these funds?

The program will focus on education, intervention, and diversion from suicide by raising awareness of 211 Helpline through PSA's, print and social media, and targeted signage directing individuals in crisis to 211 Helpline.

- c. What direct services will be provided to citizens by the appropriation project?

Services include events and outreach in targeted communities disseminating information about 211 Helpline and mental health counseling services. 211 is a private, nonprofit health & human service organization with a vision that all people in crisis will receive the information and support they need to weather life's storms.

- d. Who is the target population served by this project? How many individuals are expected to be served?

The program will focus on homeless, low income and at-risk populations in close proximity to South Florida railroad corridors where suicide rates are higher. The program will also include youth outreach, coordination with mental health counseling and substance abuse rehabilitation providers, and to school-age children in targeted areas.

- e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Expected outcome will be a reduction of reported suicides in the target area, including suicide by rail. Success will be measured through statistical documentation and individual response to the campaign via voluntary participation in programs. Methodology includes data collection, tracking caller volume to 211, and comparative surveys of service levels among providers.

- f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

Discontinue or reduce funding.



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12. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

N/A

13. Requestor Contact Information

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. Recipient Contact Information

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
  - ☐ Non-Profit 501(c) (3)
  - ☐ Non-Profit 501(c) (4)
  - ☐ Local Entity
  - ☐ University or College
  - ☒ Other (please specify)
- d. First Name  Last Name
- e. E-mail Address
- f. Phone Number

15. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.