



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2339

1. **Project Title** 2. **Senate Sponsor** 3. **Date of Request** 4. **Project/Program Description**

Northwest Behavioral Health Services 24/7 Trauma Crisis Hotline and Mobile Specialists will focus on children, teens and young adults (ages 18 to 26) present with a trauma crisis resulting from an event, series of events or set of circumstances that impact physically or emotionally well-being. The goal is to respond to the trauma individual(s) within 60 minutes to stabilize, and provide support, intervention, de-escalation, including making appropriate referrals for needed follow up services.

5. **State Agency to receive requested funds** State Agency contacted? ☐ Yes ☒ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input type="text" value="200,000"/>
Fixed Capital Outlay	<input type="text" value="000"/>
Total State Funds Requested	<input type="text" value="200,000"/>

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)	<input type="text" value="200000"/>	<input type="text" value="100.0"/> %
Matching Funds		
Federal	<input type="text" value="00"/>	<input type="text" value="0"/> %
State (excluding the amount of this request)	<input type="text" value="00"/>	<input type="text" value="0"/> %
Local	<input type="text" value="00"/>	<input type="text" value="0"/> %
Other	<input type="text" value="00"/>	<input type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	<input type="text" value="200,000"/>	<input type="text" value="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		
<input type="text" value="2019-20"/>	<input type="text" value="00"/>	<input type="text" value="150,000"/>	<input type="text" value="373"/>	<input type="text" value="No"/>

9. **Is future-year funding likely to be requested?** ☒ Yes ☐ NoIf 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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Executive Director - administration (10% of time)	10,920
Other Salary and Benefits	Administrative Assistant/Data - \$3,559 Business Manager - \$5,445	9,004
Expense/Equipment/Travel/Supplies/Other	Financial Audit - \$4,855 (1%)	4,855
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits	Therapist (Supervisor) - 1 FTE @ 30% of salary; Crisis Support Interventionist - 2 FTE @ 100% of salary; Crisis Support Interventionist - 4 part-time FTE @ 100% of salary.	157,379
Expense/Equipment/Travel/Supplies/Other	Rent - \$1,109 (24%); Equipment Purchases - \$2,850 (1%); Equipment Lease - \$1,231 (50%); Utilities - \$480 (1%); Supplies & Advertisements - \$2,353 (1%); Insurance - \$4,999 (25%); Telephone/Communications - \$1,090 (1%); Dedicated Cell Phones - \$70 (1%); Dedicated Monthly Plan - \$1,320 (1%).	15,502
Consultants/Contracted Services/Study	Consultant - Psychiatric services (1%).	2,340
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		200,000



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11. Program Performance

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

To continue the 24/7 Trauma Crisis Hotline and Mobile Specialists that provides immediate consultation to children, teens and young adults (18 to 26 years old) present with a trauma crisis resulting from an event, series of events or set of circumstances that impacts physical or emotional well-being. Events such as domestic violence; physical, emotional and sexual abuse; community, work-place and school violence; witness to homicide, suicide or traumatic event; trauma grief and more. The 24/7 service responds to calls within 60 minutes to stabilize, and provide support, intervention, and de-escalation, including making appropriate referrals for needed follow up services – all to prevent long-term effects of stress and/or depression that can result in negative behaviors/symptoms in schools, workplace, community, etc.

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

On call trauma Crisis Hotline and Mobile Services 24/7 includes immediate face to face consultation, crisis intervention, screening and assessment, crisis de-escalation, education and referrals/coordination of needed services.

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

Immediate face to face consultation, crisis intervention, screening and assessment, crisis de-escalation, education and referrals/coordination of needed services.

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

Children, teens and young adults (ages 18 to 26). The project will serve 100 to 120 individuals.

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

Provide psychological first aid to individuals in crisis by reestablishing immediate coping skills, returning the children, teens and young adults (ages 18 to 26) to a pre-crisis level of functioning. Provide face-to-face intervention services to help children, adolescents, young adults, and their families resolve the immediate crisis.

Reduce personal involvement in truancy, delinquency and violent and criminal activities by providing intervention support during the crisis, increasing the use of appropriate alternatives for placement during the crisis event and decreasing aggressive and threatening behaviors during the crisis event.

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?

The contract will provide for a corrective action plan.



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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.