



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2853

1. Project Title
2. Senate Sponsor
3. Date of Request

4. Project/Program Description

Our Training/Treating Trauma NOW program will provide immediate support services to address trauma and unmet behavioral health needs to individuals in the community. Services will be provided to at-risk children and youth up to 25 years old, adults, family, Spanish community, trauma victims (e.g., effected by a tragedy, witness suicide, homicide, etc.), elderly, gang associates, homeless and underserved populations. Services include intervention, psychiatric medication management, therapy, substance abuse, case management, workshops, community engagement and family preservation. Additionally, our 24/7 Crisis Trauma Support Helpline will provide assessments and face-to-face consultations to individuals within 60 minutes of a call.

5. State Agency to receive requested funds
- State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	257,598
Fixed Capital Outlay	0
Total State Funds Requested	257,598

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	257,598	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	257,598	100%

8. Has this project previously received state funding?

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	247,139	378	No

9. Is future funding likely to be requested?
- a. If yes, indicate nonrecurring amount per year.
- b. Describe the source of funding that can be used in lieu of state funding.
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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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Yes

If yes, indicate the amount of funds received and what the funds were used for.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Pro-rated portion of Executive Director. (Total includes, liability insurance, payroll taxes and fringe benefits)	10,000
Other Salary and Benefits	Pro-rated portion of salary from Business Manager and Administrative Assistants. (Total includes liability insurance, payroll taxes and fringe benefits)	10,000
Expense/Equipment/Travel/Supplies/Other	Pro-rated portion of lease, computers/laptops and software, EHR, telephone/cells phones, social media, supplies.	22,825
Consultants/Contracted Services/Study	Pro-rated portion of Financial Audit.	3,959
Operational Costs: Other		
Salary and Benefits	Pro-rated portion of program staff salaries include Clinical Director, Targeted Case Managers, Licensed and Non-Licensed Therapists (Total includes liability insurance, payroll taxes and fringe benefits). Actual Costs of Activities Specialist Coordinators, Program Supervisor, Trauma Crisis Responders	137,680
Expense/Equipment/Travel/Supplies/Other	Costs of equipment, computers/laptops and software, cell phones, communication, advertisement, social media, supplies, incentives, occupancy costs, transportation.	68,635
Consultants/Contracted Services/Study	Pro-rated portion of the Medical Consultant.	4,499
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		257,598



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14. Program Performance

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

Provide services to stabilize and refocus behaviors to prevent mental illness, reduce and or eliminate admissions to hospitals and crisis units, arrests, evictions, child abuse, domestic violence and school and job failures.

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

Activities and services include intervention, psychiatric medication management, therapy, substance abuse, case management, workshops, community engagement and family preservation. Additionally, our 24/7 Crisis Trauma Support Helpline will provide assessments and face-to-face consultations to individuals within 60 minutes of a call.

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

Immediate intervention stabilizes. Therapy addresses issues and problem solving, etc. Substance abuse prevention and educational workshops to reduce and or eliminate the use of drugs. Workshops use techniques to build confidence, knowledge and skills sets. Case Management provides advocacy and resources. Trauma Helpline provides intervention. Psychiatric manages symptoms. Community engagement empowers individuals to make decisions affecting his/her life. Family preservation resolves issues to strengthen families.

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

Elderly persons, persons with poor mental health, persons with poor physical health, jobless persons, economically disadvantaged persons, at-risk children and youth, adults, seniors, victims of domestic violence, homeless, developmentally disabled, physically disabled, drug users (in health services), students (e.g., grade, high school, college), formerly incarcerated persons, drug offenders, gang associates, Spanish community, victims of crime and more. The initiative is expected to serve at least 250 individuals.

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

Improve mental health: Diagnosis and treat trauma and behavioral health symptoms. Triage the mental health conditions, develop a diagnosis, treatment plan and refer to psych. serv, as needed. Family engagement to ensure work and strengthen individual/family members. Reduce recidivism: Triage and identify trauma related to hospitalizations, crisis stabilization units, arrests and gang activities. Provide therapy and workshops to address individual needs. Reduce substance abuse: Reduce/ prevent substance usage after a traumatic event in youth and adults. Provide prevention groups & individual counseling sessions. Educate the youth and adults on drug and alcohol risk. Divert from criminal activities: Reduce and identify undisclosed mental health issues/diagnosis and trauma related to issues in the criminal system. Provide therapy, education and workshops to address individual needs.

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 the contract?

If there is an area in which Northwest Behavioral Health Services, Inc is deficient, it is suggested that a corrective action plan be implemented and monitored to ensure that the deficient area(s) is/are corrected in a timely fashion. Northwest Behavioral Health Services has worked with the directed state agency during the current year to ensure the current funding meets the required goals and brings value back to the community while achieve the expected performance measures.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information



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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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number