

1. Project Title

2. Senate Sponsor

## The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

Miami-Dade/Monroe Crisis Helpline Equity

Ileana Garcia

LFIR # 1164

| 3.   | Date of Request  | 02/07/2023           |                 |        |                      |                       |              |  |  |
|--|--|----------------------|-----------------|--------|----------------------|-----------------------|--------------|--|--|
| 4.   | Project/Program Do   | escription           |                 |        |                      |                       |              |  |  |
|  | The purpose of the funds is to provide an increase in pay for JCS 211 Miami helpline counselors who provide high level information and referral services to Miami-Dade and Monroe communities, in addition to FREE, over-the-phone crisis counseling. This service is provided 24/7/365 in English, Spanish, and Haitian-Creole in addition to any other language through a tele-interpreter. 211 Miami answers over 50,000 calls a year through 211 in addition to over 20,000 more calls through our work with the National Suicide Prevention Lifeline. In order to recruit and retain qualified helpline counselors, an increase in salary will enable us to be competitive in the current tumultuous job market for us to continue to provide this life saving service. |                      |                 |        |                      |                       |              |  |  |
| 5.   | State Agency to re   | ceive requested fui  | n <b>ds</b> Dep | artme  | nt of Children and F | amilies               |              |  |  |
|  | State Agency conta   | acted? No            |                 |        |                      |                       |              |  |  |
| 6.   | Amount of the Non  | recurring Request    | for Fiscal Yea  | ar 202 | 3-2024               |                       |              |  |  |
|  | Type of Funding  | 3 1,1                |                 |        | Amount               |                       |              |  |  |
|  | Operations   |                      |                 |        | Ailio                | 180,000               |              |  |  |
|  | Fixed Capital Outlay   | ı                    |                 |        |                      | 100,000               |              |  |  |
|  | Total State Funds  |                      |                 |        | 180,000              |                       |              |  |  |
|  | Total Otalo I allao  | 11040000             |                 |        |                      | .00,000               |              |  |  |
| 7.   | Total Project Cost f   | or Fiscal Year 2023  | 3-2024 (includ  | ling n | natching funds ava   | ilable for this proje | ect)         |  |  |
|  | Type of Funding  |                      |                 |        | Amount               | Percentage            |              |  |  |
|  | Total State Funds Requested (from question #6)   |                      |                 |        | 180,000              | 3%                    |              |  |  |
| Matching Funds   |  |                      |                 |        |                      |                       |              |  |  |
|  | State (excluding the amount of this request)   |                      |                 |        | 650,377              | 12%                   |              |  |  |
|  |  |                      |                 |        | 0                    | 0%                    |              |  |  |
|  | Local  |                      |                 | 0      | 0%                   |                       |              |  |  |
|  | Other  |                      |                 |        | 4,583,354            | 85%                   |              |  |  |
|  | <b>Total Project Costs</b>   | s for Fiscal Year 20 | 23-2024         |        | 5,413,731            | 100%                  |              |  |  |
| 8. Has this project previously received state funding? Yes |  |                      |                 |        |                      |                       |              |  |  |
|  | Fiscal Year  | Amount               |                 |        | Specific             | Vetoed                |              |  |  |
|  | (уууу-уу)  | Recurring            | Nonrecurri      | ng     | Appropriation #      |                       |              |  |  |
|  | 2022-23  | 0                    | 150             | 0,000  | 372                  | No                    |              |  |  |
| 9.   | Is future funding lil  | kely to be requeste  | d?              |        | Yes                  |                       |              |  |  |
| a. If yes, indicate nonrecurring amount per year.          |  |                      |                 |        | 180,000              |                       |              |  |  |
|  | b. Describe the source of funding that can be used in lieu of state funding.   |                      |                 |        |                      |                       |              |  |  |
|  | At this time, there is no funding that could be used in lieu of state funding.   |                      |                 |        |                      |                       |              |  |  |
| 10   | ). Has the entity req  | uesting this projec  | t received an   | y fed  | eral assistance rela | ated to the COVID-    | 19 pandemic? |  |  |



11. Status of Construction

## The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1164

| v | $\overline{}$ | _ |
|---|---------------|---|
| 1 | H             | ` |

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

CARES Act - \$166,230.87 - nutrition services/meals to seniors. Families First COVID-19 C1 - \$85,327.10 - nutrition services/meals to seniors. Families First COVID-19 C2 - \$300,033.75 - nutrition services/meals to seniors. CCAA - \$231,393.82 - nutrition services/meals to seniors. ARP C1- \$94,192.44 - nutrition services/meals to seniors. ARP C2 - \$257,746.12 - nutrition services/meals to seniors.

### Complete questions 11 and 12 for Fixed Capital Outlay Projects

| a. What is the current phase of the project?              |                  |   |  |                             |  |  |  |
|---|------------------|---|--|-----------------------------|--|--|--|
| OPlanning   | ODesign          | Construction  |  |                             |  |  |  |
| b. Is the project   | ct "shovel ready | /" (i.e permitted)?   |  |                             |  |  |  |
| c. What is the  | estimated start  | date of construction?   |  |                             |  |  |  |
| d. What is the estimated completion date of construction? |                  |   |  |                             |  |  |  |
|   |                  | y to receive, directly or indirect<br>ners of the facility and the enti |  | outlay funding. Include the |  |  |  |
|   |                  |   |  |                             |  |  |  |

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

| Spending Category   | Description  | Amount  |  |  |  |
|---|--|---------|--|--|--|
| Administrative Costs:   |  |         |  |  |  |
| Executive Director/Project Head Salary and Benefits                     |  | 0       |  |  |  |
| Other Salary and Benefits   |  | 0       |  |  |  |
| Expense/Equipment/Travel/Supplies/<br>Other                             |  | 0       |  |  |  |
| Consultants/Contracted<br>Services/Study                                |  | 0       |  |  |  |
| Operational Costs: Other  |  |         |  |  |  |
| Salary and Benefits   | Pay increase of an average of 3-7% for helpline staff inclusive of supervisors and managers. | 180,000 |  |  |  |
| Expense/Equipment/Travel/Supplies/Other                                 |  | 0       |  |  |  |
| Consultants/Contracted<br>Services/Study                                |  | 0       |  |  |  |
| Fixed Capital Construction/Major Renovation:                            |  |         |  |  |  |
| Construction/Renovation/Land/<br>Planning Engineering                   |  | 0       |  |  |  |
| Total State Funds Requested (must equal total from question #6) 180,000 |  |         |  |  |  |

#### 14. Program Performance

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



## The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1164

211 helpline counselors will connect vulnerable community members in distress to information and referral services, as well as provide crisis intervention. Qualified and committed staff members are critical to the programs success in order to provide culturally competent 24/7 phone assistance relating to crisis counseling and referrals to community resources in order to address concerns with suicide and mental health.

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

Approximately 50,000 calls are received annually to JCS' 211 Miami Helpline. This is a 24/7 operation that requires commitment, sensitivity, and trained professionals in order to address the variety of needs in our community. By increasing the salary of these staff members, we will be able to retain trained professionals and remain competitive in recruiting new professionals to join our agency. High quality, person centered, and culturally responsive services will flourish.

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

Crisis counseling and referrals to community resources, as well as suicide prevention services will be provided to community members regardless of their race, gender, religion, ethnicity, or ability to pay.

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

The target population for these funds are individuals in families in Miami-Dade and Monroe counties who may be in distress, economically disadvantaged, in poor physical or mental health, require food support, housing & shelter, legal assistance, clothing, and other free or low cost resources. We expect to serve approximately 70,000 callers.

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

Callers will be connected to vital resources needed in order to maintain self sufficiency and enhance their quality of life. Helpline counselors and support staff conduct an initial assessment of needs. Upon intake, helpline counselors will connect the caller to the appropriate resource in the community or if they need to be connected to other JCS services, helpline counselors will make an immediate transfer. Callers will feel less distress and supported by receiving the services/resources they need.

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?

Suicide is one of the leading causes of death in this country. Yet suicide can be prevented with the proper help and guidance of trained professionals. 211 Miami is the 24/7 helpline that provides phone assistance with crisis counseling and referrals to community resources to address concerns with suicide and mental health. As the only suicide prevention crisis helpline in Miami-Dade County, we offer services that benefit families and loss survivors, in addition to those struggling with thoughts of suicide or self- harm.

| 15. Requester Contac                                       | t Informat                                 | ion        |           |         |  |  |
|--|--|------------|-----------|---------|--|--|
| a. First Name  | Miriam                                     |            | Last Name | Singer  |  |  |
| b. Organization  | Jewish Community Services of South Florida |            |           |         |  |  |
| c. E-mail Address  | Idress msinger@jcsfl.org                   |            |           |         |  |  |
| d. Phone Number  | (786)696                                   | -3267      | Ext.      |         |  |  |
| 16. Recipient Contact Information                          |  |            |           |         |  |  |
| a. Organization Jewish Community Services of South Florida |  |            |           | Florida |  |  |
| b. Municipality and  | d County                                   | Miami-Dade |           |         |  |  |
| c. Organization Type                                       |  |            |           |         |  |  |
| □For Profit Entity   |  |            |           |         |  |  |



# The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1164

| ☑Non Profit 501(c                | ☑Non Profit 501(c)(3)   |        |  |  |  |  |
|----------------------------------|-------------------------|--------|--|--|--|--|
| □Non Profit 501(c                | □Non Profit 501(c)(4)   |        |  |  |  |  |
| □Local Entity                    | □Local Entity           |        |  |  |  |  |
| □University or Co                | □University or College  |        |  |  |  |  |
| □Other (please sp                | □Other (please specify) |        |  |  |  |  |
| d. First Name                    | Last Name               | Shutes |  |  |  |  |
| e. E-mail Address                | dress Rshutes@jcsfl.org |        |  |  |  |  |
| f. Phone Number                  | (305)350-5560           |        |  |  |  |  |
| 17. Lobbyist Contact Information |                         |        |  |  |  |  |
| a. Name                          | Ronald L. Book          |        |  |  |  |  |
| b. Firm Name                     | Ronald L. Book PA       |        |  |  |  |  |
| c. E-mail Address                | ron@rlbookpa.com        |        |  |  |  |  |
| d Phone Number                   | (305)935-1866           |        |  |  |  |  |