



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Pulse Nightclub shooting relief and recovery efforts

2. **Senate Sponsor:** Linda Stewart

3. **Date of Submission:** 10/06/2017

4. **Project/Program Description:**

In the Pulse Shooting on June 12, 2016, 49 individuals were killed and 53 others were injured. Approximately 320 individuals were in the club during the incident. For those victims that are deceased, conservatively estimate ten impacted survivors for another 490 individuals directly related to the crime. The multiplier is weighted to assume a higher risk applicable to those experiencing traumatic grief at the loss of a loved one and those experiencing additional stressors during recovery from physical and psychological injuries sustained in the attack. This means that there is a potential population of 810 individuals directly impacted, with an unknown number of caregivers for the 53 injured individuals. Those who have secondary trauma and also require outpatient medical and mental health services are estimated to be between 1,000-3,000. As one of the few licensed health/mental health providers in the region, Two Spirit Health Services, Inc. is committed to serving this population.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of Children and Families

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
300,010		300,010

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	435,226	56.8%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	31,666	4.1%
TOTAL	466,892	60.9 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 766,902



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9. Previous Year Funding Details:

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18		
	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

We anticipate a total of 4,506 units of service in FY 2018-19 to serve 541 unduplicated patients. This requested funding will provide 2,904 units of service to 357 unduplicated patients. We can track these deliverables through our Electronic Medical Record, which identifies how many unduplicated patients are being treated and what services (medical, mental health, or both) they are receiving.

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

Comprehensive outpatient medical and mental health services.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	CEO/COO/Office Manager/Executive Assistant	107,517
<input checked="" type="checkbox"/> Other Salary and Benefits	Employer paid taxes	8,063



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<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Medical provider, 3 mental health counselors, 3 medical assistants, mental health administrative assistant	144,641
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Rent/Electronic Medical Record/phone and Internet system	39,789
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		300,010

d. What are the direct services to be provided to citizens by the appropriations project?

Comprehensive outpatient medical and mental health services.

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

Members of the Central Florida community who were in the Pulse nightclub at the time of the shooting, loved ones of those in the club, and general members of the community who feel adversely affected by the shooting and are experiencing some degree of secondary or tertiary trauma. This requested funding will provide 2,904 units of service to 357 unduplicated patients.

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

Patients who received services during a given month will be emailed a customer satisfaction survey, which assesses the degree to which we are providing high-quality, professional, competent, and linguistically and culturally appropriate services. Patients are also asked to fill out a PTSD questionnaire at intake to assess their symptoms. A post-test can be administered at the end of the FY to assess change along scored dimensions. The expected benefit will be a healthier patient population.

g. 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?

None.



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

N/A

13. Requestor Contact Information:

- a. **Name:** David Baker-Hargrove
- b. **Organization:** Two Spirit Health Services, Inc.
- c. **Email:** drdavid@twospirithealth.org
- d. **Phone Number:** (407)953-9734

14. Recipient Contact Information:

- a. **Organization:** Two Spirit Health Services, Inc.
- b. **County:** Orange
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** David Baker-Hargrove
- e. **E-mail Address:** drdavid@twospirithealth.org
- f. **Phone Number:** (407)953-9734

15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. **Name:** None
- b. **Firm:** None
- c. **Email:**
- d. **Phone Number:**