



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1360

1. **Title of Project:** Jewish Family and Children's Services of the Suncoast - Mobile Response Team Expansion

2. **Senate Sponsor:** Joe Gruters

3. **Date of Submission:** 02/05/2019

4. **Project/Program Description:**

The Jewish Family and Children's Services of the Suncoast (JFCS) Mobile Response Team (MRT) provides crisis stabilization and outreach services 24 hours a day, 7 days a week to children and young adults 0-25 years of age in Sarasota County who are at risk of self-harm, have recently experienced a trauma, and/or are exhibiting maladaptive behaviors. This immediate service averts Baker Acts by providing no-pharmacological interventions in the least restrictive environment, thereby decreasing costly and traumatic hospitalizations.

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

State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	60,000
Fixed Capital Outlay	
Total State Funds Requested	60,000

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	60,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	60,000	100.0%

8. **Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2017-18		200,000	369	No

9. **Is future-year funding likely to be requested?** Yes

a. If yes, indicate non-recurring amount per year. \$60,000

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



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Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits	Salary, health, dental and other insurances and taxes for a full time Licensed Mental Health Clinician	55,000
Expense/Equipment/Travel/Supplies/Other	Mileage, Computer and Cell phone, occupancy, general office supplies, professional fees	5,000
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		60,000

11. Program Performance:

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

The JFCS Mobile Response Team requests an expansion of funding of \$60,000 for a full-time licensed mental health clinician. This will allow JFCS to expand services in South Sarasota County, an area which is underserved and where needs are increasing.

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

The licensed professional immediately responds to those at risk of being hospitalized under the Baker Act or exhibiting serious maladaptive behaviors. The Mobile Response Team provides intensive, time limited interventions in the most appropriate setting, including in the home, school, or community. The counselor provides stabilization during the immediate crisis by utilizing de-escalation techniques. Further interventions include cognitive behavioral therapy (CBT), and identification and successful implementation of coping, communication, and self-regulation skills. Concurrently, case management services identify the need for individual and family referrals.

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

Direct services include a mobile response within 60 minutes from the licensed mental health clinician to assess citizens in crisis from age 0 - 25 in South Sarasota County, who are at risk of self-harm, have recently experienced a trauma, and/or are exhibiting maladaptive behaviors. The goal is to provide short term intensive interventions to avoid psychiatric hospitalization. The licensed mental health professional will be qualified to initiate a Baker Act, if warranted.

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



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The JFCS Mobile Response Team (MRT) provides crisis stabilization and outreach services 24 hours a day, 7 days a week to children and young adults 0-25 years of age in Sarasota County. The number of individuals expected to be served by the licensed mental health professional is 40 - 50.

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

The Mobile Response Team is an immediate service that averts Baker Acts by providing non-pharmacological interventions in the least restrictive environment, thereby decreasing costly and traumatic psychiatric hospitalizations. 90% of clients who received a Baker Act prior to Crisis Team admission have no further Baker Acts when measured 3 months after successful discharge.

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 current standard penalties for noncompliance are adequate.

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:** Heidi Brown
- b. **Organization:** Jewish Family and Children's Service of the Suncoast, Inc.
- c. **E-mail Address:** hbrown@jfcs-cares.org
- d. **Phone Number:** (000)000-0000

14. Recipient Contact Information:

- a. **Organization:** Jewish Family and Children's Service of the Suncoast, Inc.
- b. **County:** Sarasota
- 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:** Heidi Brown
- e. **E-mail Address:** hbrown@jfcs-cares.org
- f. **Phone Number:** (941)366-2224

15. Lobbyist Contact Information

- a. **Name:** None



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- b. Firm Name:** None
- c. E-mail Address:**
- d. Phone Number:**