



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1405

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

4. **Project/Program Description**

The Broward Behavioral Health Coalition will facilitate the examination of local data regarding all aspects of suicidality in Broward, all suicide prevention initiatives and providers. During this funding period, community members and providers will be trained on how to assist with and conduct a psychological autopsy. The study of the aforementioned aspects will then be utilized to delineate a strategic plan, the design, and clearly articulated implementation activities to prevent and address suicidality and to create a community of resiliency. The goals of the Zero Suicide Initiative are: 1. Development of the Community-wide Suicide Prevention Action Plan. 2. Identification and selection of a comprehensive EBP within the Zero Suicide Framework. 3. Provide system wide capacity building. 4. Implementation of services. 5. Continuous quality improvement to ensure fidelity to the Evidence Based Practice (EBP) selected.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

| Type of Funding | Amount |
|------------------------------------|---|
| Operations | <input style="width: 100%;" type="text" value="500,000"/> |
| Fixed Capital Outlay | <input style="width: 100%;" type="text" value="000"/> |
| Total State Funds Requested | 500,000 |

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 style="width: 100%;" type="text" value="500000"/> | <input style="width: 100%;" type="text" value="100.0"/> % |
| Matching Funds | | |
| Federal | <input style="width: 100%;" type="text" value="00"/> | <input style="width: 100%;" type="text" value="0"/> % |
| State (excluding the amount of this request) | <input style="width: 100%;" type="text" value="00"/> | <input style="width: 100%;" type="text" value="0"/> % |
| Local | <input style="width: 100%;" type="text" value="00"/> | <input style="width: 100%;" type="text" value="0"/> % |
| Other | <input style="width: 100%;" type="text" value="00"/> | <input style="width: 100%;" type="text" value="0"/> % |
| Total Project Costs for Fiscal Year 2020-2021 | 500,000 | 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 style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

9. **Is future-year funding likely to be requested?** Yes No

If 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 | Director, Zero Suicide Initiative \$70,000 salary plus \$17,500 | 87,500 |
| Other Salary and Benefits | Evaluator, \$15,000 | 15,000 |
| Expense/Equipment/ Travel/Supplies/Other | Computer and phone-\$1,000 Office space-\$1,500 Travel-\$10,000 | 12,500 |
| Consultants/Contracted Services/Study | Contracted services to suicide prevention providers utilizing evidence based practices. | 385,000 |
| Operational Costs: Other | | |
| 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) | | 500,000 |



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11. Program Performance

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

In 2018, there was a 20% increase in suicides in Broward County over the previous year after the tragedy at Marjory Stoneman Douglas. There has also been a 200% increase in suicide calls to the 211 hot line. Although there are many suicide prevention initiatives, there are none working collectively to make the greatest impact county wide. The funding requested will be utilized to support a coordinated system of suicide prevention through specifically identified evidence based practices that will be outlined in the Psychological Autopsy of Broward County. The Broward Behavioral Health Coalition (BBHC) will conduct the Psychological Autopsy of Broward County in partnership with key community stakeholders and build a Community-wide Suicide Prevention Action Plan with specific recommendations to reduce suicide rates in Broward County.

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

The goals are as follows: 1. Development of the Community-wide Suicide Prevention Action Plan. 2. Identification and selection of a comprehensive Evidence Based Practice within the Zero Suicide Framework. 3. Provide system wide capacity building. 4. Implementation of Evidence Based Practices. 5. Continuous quality improvement to ensure fidelity to the Evidence Based Practice (EBP) selected.

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

1. Education regarding mental health and risk factors of suicide. 2. Evidence based prevention, intervention and postvention for individuals who are at risk and/or who have attempted suicide. 3. Environmental/Awareness Campaign.

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

At a systems level, the community will develop a Community-wide Suicide Prevention Action Plan that will implement the Zero Suicide Framework that will impact all residents in Broward County. At the provider level there will be comprehensive capacity building that will result in more effective interventions. Finally, at the individual/family level it will identify and provide services to fragile populations such as: 1. Individuals at risk of suicide and their families. 2. Individuals who have attempted suicide. 3. Individuals and families who have been impacted by suicide or attempted suicide. 4. Individuals and families impacted by the tragedy at Marjory Stoneman Douglas. The number of individuals served will be determined by the Suicide Prevention Action Plan.

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

The Zero Suicide Framework fills the gaps patients at risk for suicide often fall through by applying evidence-based tools specific to the needs of Broward County. Continuous process improvement drives this framework to ensure organizations deliver quality care, routinely examine outcomes, and remain committed to fidelity of the program model. As BBHC Network providers adopt a Zero Suicide approach, the expectation is patient outcomes for those at risk of suicide, suicide survivors and all impacted by suicide, will improve. Process measures such as screening rates, follow up contacts and referrals to services will increase. Outcomes: Number of suicide attempts and actual number of deaths by suicide will be reduced. Methodology: 1. Individuals in the community will be reached via educational campaign for prevention; 2. Mental health professionals will be trained in a suicide EBP; 3. Individuals/families impacted by suicide will receive treatment.

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?

Loss of contract.



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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.