

LFIR # 1938

Date of Request	12/13/2019							
Project/Program	Description							
Department of Childre to behavioral health ar populations of individu	to maintain access to the Trilog in and Families contracts with T ind substance abuse information als with mental illness and/or si and well-being, including local	rilogy for to and reso ubstance	the service that purces in all regional abuse addiction	provides ar ons of the s s to better	nonymous, state. The N inform, edu	free, rel NOC is t cate an	iable, quick and argeted to high- d engage these	easy need indiv
	receive requested funds	Debe	artment of Ch	nildren ar	nd Famili	es		
State Agency cont Amount of the No	onrecurring Request for		Year 2020-2	2021				
Type of Funding		110001	Amoun					
Operations			2	262,650				
	41							
Fixed Capital Ou	ıtıay			000				
Total State Fundament	•		2	000				
Total State Fun	ds Requested t for Fiscal Year 2020-2	2021 (inc	cluding mate	262,650 ching fu			for this proj	ect)
Total State Fun Fotal Project Cos Type of Funding	ds Requested t for Fiscal Year 2020-2	•	cluding mate	262,650 ching fu	nds avai	tage	for this proj	ect)
Total State Fun Fotal Project Cos Type of Funding	ds Requested t for Fiscal Year 2020-2 Requested (from quest	•	cluding mate	262,650 ching fu	Percen	tage	for this proj	ect)
Total State Funding Total State Funding Total State Fund	ds Requested t for Fiscal Year 2020-2 Requested (from quest	•	cluding mate	262,650 ching fu	Percen 100.	tage	for this proj	ect)
Total State Fundation Total Project Cos Type of Funding Total State Fund Matching Funds Federal	ds Requested t for Fiscal Year 2020-2 Requested (from quest	ion #6)	cluding mate	262,650 ching fu at 262650	Percen 100.	tage	for this proj	ect)
Total State Fundation Total Project Cos Type of Funding Total State Fund Matching Funds Federal	ds Requested t for Fiscal Year 2020-2 Requested (from quest	ion #6)	cluding mate	262,650 ching fu tt 262650 00 00 00	Percen 100.	tage 0 % 0 % 0 % 0 % 0 %	for this proj	ect)
Total State Fund Total Project Cos Type of Funding Total State Fund Matching Funds Federal State (excluding Local	ds Requested t for Fiscal Year 2020-2 s Requested (from quest the amount of this reques	st)	cluding mate	262,650 ching fu at 262650 00 00	Percen 100.	tage 0 % 0 % 0 % 0 %	for this proj	ect)
Total State Fund Total Project Cos Type of Funding Total State Fund Matching Funds Federal State (excluding Local	ds Requested t for Fiscal Year 2020-2 Requested (from quest	st)	Amoun	262,650 ching fu tt 262650 00 00 00	Percen 100.	tage 0 % 0 % 0 % 0 % 0 %	for this proj	ect)
Total State Fund Total Project Cos Type of Funding Total State Fund Matching Funds Federal State (excluding Local Other Total Project Co	ds Requested t for Fiscal Year 2020-2 s Requested (from quest the amount of this reques	st)	Amoun	262,650 ching fu tt 262650 00 00 00 00 262,650	Percen 100.	tage 0 % 0 % 0 % 0 %	for this proj	ect)
Total State Fund Total Project Cos Type of Funding Total State Fund Matching Funds Federal State (excluding Local Other Total Project Co	ds Requested t for Fiscal Year 2020-2 s Requested (from quest the amount of this request ests for Fiscal Year 2020 previously received state	st) 0-2021 te fundi	Amoun 2 ng? • Ye	262,650 ching fu tt 262650 00 00 00 00 262,650	Percen 100.	tage 0 % 0 % 0 % 0 %	1	ect)

262,650

If yes, indicate nonrecurring amount per year.



LFIR # 1938

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Oth	er	
Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study	Annual subscription and maintenance for Trilogy Network of Care software service solution.	262,650
Fixed Capital Construc	tion/Major Renovation:	
Construction/Renovation/ Land/Planning Engineering		
Total State Funds Re	quested (must equal total from question #6)	262,650



LFIR # 1938

1	1	Pr	ogi	ram	Pe	erf	or	m	ar	ıc	е

1.	Program Performance
a.	What specific purpose or goal will be achieved by the funds requested?
	Funds would be used to continue to subscribe to Network of Care for behavioral health. Trilogy's online service is currently administered through DCF throughout Florida, servicing all of the mental health regions in the state.
b.	What activities and services will be provided to meet the intended purpose of these funds?
	Funds would be used to enable DCF to continue to subscribe to the Network of Care for Behavioral Health, Trilogy's online service which supports all DCF mental health regions in the state. Trilogy NOC is a software service providing reliable, quick and easy access to localized behavioral health and substance abuse information and resources throughout Florida.
C.	What direct services will be provided to citizens by the appropriation project?
	Comprehensive database for individuals with mental illness and substance abuse addiction to better inform and educate these individuals about their own health and well-being; including local crisis intervention, emergency care, support, job search, and social networking. Providing quick, easy access to pre-vetted and peer-reviewed information for individuals to make informed choices for what they need. User remains anonymous and no cost to access the site, which is also commercial free.
d.	Who is the target population served by this project? How many individuals are expected to be served?
	Individuals with mental health and/or substance abuse issues.
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, quality of education and transportation conditions. Also, reduce substance abuse. The methodology is the number of visitors served and number of referrals, both of which will be measured on a monthly basis.
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?
	Reduction of the subscription fee is applied if minimum usage is not met.



LFIR # 1938

	N/A	
F	Requestor Contact	Information
а	a. First Name	Afshin Last Name Khosravi
b	o. Organization	Trilogy Integrated Resources, LLC
С	c. E-mail Address	afshin@trilogyir.com
c	d. Phone Number	(415)458-5900 Ext.
F	Recipient Contact I	Information
а	a. Organization	Trilogy Integrated Resources
b	o. Municipality and	County Statewide
C	c. Organization Typ	oe
	For-profit Er	ntity
	O Non-Profit 5	601(c) (3)
	O Non-Profit 5	601(c) (4)
	Local Entity	
	University o	r College
	Other (please	se specify) Department of Veterans Affairs
d	d. First Name	Afshin Last Name Khosravi
e	e. E-mail Address a	afshin@trilogyir.com
	f. Phone Number (
L	Lobbyist Contact I	nformation
ć	a. Name	Heather Turnbull
k	b. Firm Name	Rubin Turnbull & Associates
_	c. E-mail Address	heather@rubinturnbull.com