



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1604

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

**4. Project/Program Description**

Treating Trauma Now has two trauma programs: 1) A Trauma Crisis Mobile Team (24/7) that responds to the Jacksonville Police Dept and is present at a scene within 60 minutes to consult children and teens (and their families) and adults (up to 35 years old) who just witnessed a trauma-related event (suicide, homicide) and 2) Trauma Stabilization Team to consult individuals for emergency gang-related experiences and the loss of a loved one within 24 to 48 hours of the referral. Additionally, this program provides prevention educational workshops to avert evictions.

5. State Agency to receive requested funds

State Agency contacted?

**6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022**

Type of Funding	Amount
Operations	100,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>100,000</b>

**7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	100,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>100,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	50,000	376	No

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

N/A

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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

\$26,960 Payroll and payroll taxes.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Executive Director (10%)	5,460
Other Salary and Benefits	Admin Assist/Data \$1,779; Business Manager \$2,723	4,502
Expense/Equipment/Travel/Supplies/Other	Financial Audit (1%)	2,428
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Therapist 1 FTE - 15% of salary; CSE 1 FTE - 50% of salary; Up to 4 part-time CSE - 100%	78,689
Expense/Equipment/Travel/Supplies/Other	Rent 12% = \$554; Equipment Purchases 50% = \$1,425; Equipment Lease 50% = \$616; Utilities 5% = \$240; Supplies & Advertisements 50% = \$1,176; Insurance 12.5% = \$2,500; Telephone & Comm 50% = \$545; Dedicated Cell Phones 50% = \$35; Dedicated Monthly Plan 50% = \$660	7,751
Consultants/Contracted Services/Study	Consultant - Psych Services 50%	1,170
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>100,000</b>

**12. Program Performance**

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

To stabilize, de-escalate and refocus behaviors of children, teens and adults to prevent long term effects of stress and/or depression. To reduce and/or eliminate Crisis Stabilization Unit admissions, arrests, criminal activities, home evictions, school failures, job losses, etc.

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

The Trauma Crisis Mobile Team will respond to Jacksonville Police Dept and attend the scene within 60 minutes to consult the child, teen and/or adult (up to 35 years old) who just witnessed an event such as a suicide or homicide). The Trauma Stabilization Team will provide consultation to individuals with gang related experiences and the loss of a loved one within 24 to 48 hours of referral. Additionally, to provide prevention educational workshops to avert evictions.

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

Provide face to face consultation to children and teen (their families) and adults (up to 35 years old) who witness a traumatic event. Assess, deescalate the crisis, determine the level of care necessary to meet the individuals immediate need, develop alternatives to involuntary hospitalization and coordination of needed services. Appropriate community support referrals will be made as applicable.

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

Expect to served 50 to 100 children and teens (and their families) and adults (up to 35 years old).

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



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The benefit or outcome is to provide psychological first aid to individuals in crisis, experiencing gang-related activities and loss of a love one or family member. The methodology is to reestablish immediate coping skills, return the children, teens and adults (up to 35years old) & their families to a pre-crisis level of functioning, stabilization, behavior changes and a stage to refocus & process emotions. Provide face to face intervention, counseling services and prevention educational workshops to help the children, teens and adults and their families to resolve the immediate crisis.

**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?**

If Northwest Behavioral Health Services does not meet the deliverables or performance measures, services will continue beyond the grant period until the goal is met.

**13. 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



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number