



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1039

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

For 45 years, Alpert Jewish Family Service has provided the CALL Line, an Intake, Assessments & Referral service free of charge to the community of Palm Beach County. The CALL Line offers a no cost, therapeutic, comprehensive telephone assessment and support for callers experiencing challenges in their lives. More than just a "help line," this customized consultation service helps callers better identify their needs, handles intake for available services with Alpert JFS, provides referrals to community resources, offers limited financial assistance, and creates a plan to address the presenting economic and emotional crises.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	270,000
Fixed Capital Outlay	0
Total State Funds Requested	270,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	270,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	270,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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.

Fundraising from individual donors and private foundations.

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.

Alpert Jewish Family Service received a PPP loan in the amount of \$909,290. 100 percent was used for payroll.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Master-level licensed mental health professionals (5)	270,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		270,000

12. Program Performance

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

More than just a "help line", the CALL service is currently staffed by 4 masters-level mental health professionals who provide a comprehensive bio-psycho-social functional assessment which identifies the client's specific needs so Alpert Jewish Family Service can either provide services or make needed referrals. Last year over 6,400 people were served. The funds requested will support an additional full time master level professional to greatly reduce response time and serve an additional 1,600 people.

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

CALL service is a centralized intake program staffed by masters level social workers. Each caller receives a comprehensive bio-psycho-social telephone assessment that helps the caller identify their needs and directs them to the help they need. Requested funds will support five master level professionals, expanding the reach within the community.

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

Depending on the caller's needs, the CALL service handles intake for additional services with Alpert Jewish Family Service, provides referrals to community resources, offers limited financial assistance, and creates a plan to address the presenting economic and emotional crises presented by the caller. High risk factors for suicide, homicide, abuse or neglect are included in the assessment.

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

The CALL service program provides telephone assessment services to all populations, including but not limited to all socio-economic populations: children, adults, seniors, Holocaust survivors, all religious affiliations, disabled, and low income. The funds requested will support an additional full time master level professional to greatly reduce response time and serve an additional 1,600 people.

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 expected outcome is to improve mental health. Each caller receives an appropriate action plan, following a comprehensive assessment to assist him/her in obtaining services to help him/her improve or cope better with their mental health and functional abilities either within Alpert Jewish Family Service or by referring them to other community resources. Alpert Jewish Family Service maintains a Performance Quality Improvement Program (PQI) process to evaluate the success of a program and find ways to improve it. Furthermore, a system of Client Surveys to measure client satisfaction with the information gained and the resources provided will be incorporated by July 1, 2022.

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 we fail to meet agreed upon deliverables, we will negotiate returning the funds.

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