



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1683

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

4. Project/Program Description

Training/Treating Trauma NOW has three Trauma Programs: 1) Trauma Crisis Hotline and Mobile Specialist (24/7) that responds to Jacksonville Sheriff's Office and Police Department and is present at the scene within 60 minutes, in addition to responding at a site (home, school, park) within 60 minutes. The purpose is to consult youths and adults (up age 35) who just witnessed or are affected by a tragedy (suicide, homicide), community violence, school bullying, home invasion, gang-related incident, etc., to provide immediate intervention, de-escalate crisis and determine level of care. 2) Trauma Team consults individuals for emergency gang-related experiences and the loss of a loved one within 24-48 hours of the referral. 3) Provide prevention and educational workshops to avert evictions, job loss, suicides, abuse, criminal activities, loss of a loved one, etc.

5. State Agency to receive requested funds
- State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	247,139
Fixed Capital Outlay	0
Total State Funds Requested	247,139

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	247,139	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 2023-2024	247,139	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	100,000	367	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.
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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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Yes

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

\$618,766 was used for payroll and general operating expenditures.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

☐ Planning ☐ Design ☐ Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Pro-rata portion of Executive Director's salary, payroll taxes and fringe benefits.	22,500
Other Salary and Benefits	Pro-rata portion of salary of Business Manager and Administrative Assistants (includes payroll taxes and fringe benefits).	20,329
Expense/Equipment/Travel/Supplies/Other	Pro-rata portion of Equipment Purchases and Leases, EHR, Telephone and Communication, Advertisement and Social Media, and Supplies.	11,540
Consultants/Contracted Services/Study	Pro-rata portion of Financial Audit.	3,960
Operational Costs: Other		
Salary and Benefits	Pro-rata portion of program staff salaries including Clinical Director, Activities Specialist Coordinators, Program Supervisor, Targeted Case Managers, License and Non-Licensed Therapists and Trauma Crisis Responders.	128,415
Expense/Equipment/Travel/Supplies/Other	Pro-rata portion of office equipment, travel, office rent, utilities, EHR, Client Incidental Services, telephone and communication and supplies, community events, workshop rental space, and expenses related to services.	38,520
Consultants/Contracted Services/Study	Pro-rata portion of the Medical Consultant and Facilitators.	21,875
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		247,139

14. Program Performance



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

This allocation will support services to address trauma and unmet behavioral health needs of at-risk youth, adults (up to 35 years old), veterans and families by stabilizing, de-escalating & refocusing behaviors to prevent long-term effects of stress/depression. To reduce and eliminate admissions to Hospital Emergency Rooms and Crisis Stabilization Units, arrests, gang-related and criminal activities, home evictions, child abuse, domestic violence, school failures and job loss.

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

24/7 Trauma Team will respond to Jacksonville Sheriff's Office/Police Department and to the Community at the scene or within 60 minutes to consult youths & adults (up to 35 years old) who just witnessed a suicide, homicide, etc. to provide immediate intervention, de-escalate crisis and determine the level of care. Provide prevention and educational workshops to avert evictions, job loss, suicides, abuse, criminal activities and loss loved ones, etc.

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

Provide face-to-face consultation to youth and their families who witness a traumatic event. Assess, de-escalate 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 referrals will be made, if applicable.

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

Elderly persons, Persons with poor mental health and physical health, Jobless persons, Economically disadvantaged persons, At-risk youth, Homeless, Developmentally disabled, Physically disabled, Drug users (in health services), Youth in foster care, Preschool students, Grade school students, High school students, University/College students, Currently or formerly incarcerated persons, Drug offenders (in criminal Justice) and Victims of crime.

SERVE: 101 TO 200

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

The benefit or outcome is to provide psychological first aid to individuals in crisis, experiencing gang-related activities and loss of a loved one or family member. The methodology is to reestablish immediate coping skills, return the youth and adults (up to 35 years old) and their families to a pre-crisis level of functioning, stabilization, behavior changes and a stage to refocus and process emotions. Provide face-to-face intervention, counseling services and prevention/educational workshops to help the youths, 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 there is an area in which Northwest Behavioral Health Services, Inc is deficient, it is suggested that a corrective action plan be implemented and monitored to ensure that the deficient area(s) is/are corrected timely. Northwest Behavioral Health Services has worked with the directed state agency during the current year to ensure the current funding meets the required goals and brings value back to the community while achieving the performance measures.

15. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

16. Recipient Contact Information

a. Organization



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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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number