

1. Project Title

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

South Florida Jewish Trauma Response Team

LFIR # 1021

| 2. Senate Sponsor | | | | | |
|--|---|--|--|--|--|
| 3. Date of Request | 01/12/2023 | | | | |
| 1. Project/Program De | escription | | | | |
| or unimaginable build model,' a team of Tra trauma response skil be better equipped to | of 'if' another crises will hit so ding collapse, immediate to auma Response trainers, co lls to be deployed at a mor o respond during times of co incoming calls for assistant need. | rauma assis consisting of ment's notic crises. We v | stance is a necessary f f ~50 behavioral health e, 30 community leade vill be expanding our C | first response. Utiliz n professionals will ers including clergy Community Lifeline | zing a 'train the trainer receive comprehensiv will receive training to to include 3 additional |
| i. State Agency to rec | eive requested funds | Departm | ent of Children and Fa | amilies | |
| State Agency conta | cted? No | | | | |
| | | | | | |
| . Amount of the Nonr | ecurring Request for Fis | cal Year 20 | 23-2024 | | |
| Type of Funding | | | Amo | unt | |
| Operations | | | | 600,000 | |
| Fixed Capital Outlay | | | | 0 | |
| Total State Funds Requested | | | 600,000 | | |
| | | | | | |
| . Total Project Cost fo | or Fiscal Year 2023-2024 | (including | matching funds avai | lable for this proj | ect) |
| . Total Project Cost fo | or Fiscal Year 2023-2024 | (including | matching funds avai | ilable for this proje | ect) |
| Type of Funding | or Fiscal Year 2023-2024 equested (from question #6 | | | • • | ect) |
| Type of Funding Total State Funds Re Matching Funds | | | Amount | Percentage | ect) |
| Type of Funding Total State Funds Re Matching Funds Federal | equested (from question #6 | | Amount 600,000 | Percentage 70% | ect) |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the | | | Amount 600,000 | Percentage 70% 0% 0% | ect) |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local | equested (from question #6 | | Amount 600,000 0 0 257,000 | Percentage 70% 0% 0% 30% | ect) |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other | equested (from question #6 amount of this request) | 6) | Amount 600,000 0 0 257,000 0 | Percentage 70% 0% 0% 30% 0% | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other | equested (from question #6 | 6) | Amount 600,000 0 0 257,000 | Percentage 70% 0% 0% 30% | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs | equested (from question #6 amount of this request) | 6) | Amount 600,000 0 0 257,000 0 | Percentage 70% 0% 0% 30% 0% | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs | equested (from question #6 amount of this request) for Fiscal Year 2023-202 eviously received state fu | 6) | Amount 600,000 0 257,000 0 857,000 | Percentage 70% 0% 0% 30% 0% | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs B. Has this project pre | equested (from question #6 amount of this request) for Fiscal Year 2023-202 eviously received state fu | 6) 24 unding? | Amount 600,000 0 257,000 0 857,000 No Specific | Percentage 70% 0% 0% 30% 0% 100% | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre Fiscal Year (yyyy-yy) | equested (from question #6 amount of this request) for Fiscal Year 2023-202 eviously received state fu | 6) 24 unding? | Amount 600,000 0 257,000 0 857,000 No Specific | Percentage 70% 0% 0% 30% 0% 100% | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre Fiscal Year (уууу-уу) | equested (from question #6 amount of this request) for Fiscal Year 2023-202 eviously received state fu | 6) 24 unding? | Amount 600,000 0 257,000 0 857,000 No Specific Appropriation # | Percentage 70% 0% 0% 30% 0% 100% | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs B. Has this project pre Fiscal Year (yyyy-yy) D. Is future funding like a. If yes, indicate no | equested (from question #6 amount of this request) for Fiscal Year 2023-202 eviously received state fur Amount Recurring None stely to be requested? | 6) 24 unding? recurring | Amount 600,000 0 257,000 0 857,000 No Specific Appropriation # | Percentage 70% 0% 0% 30% 100% | |



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| Yes | |
|-----|--|
| 169 | |

11. Status of Construction

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

We received a total of \$89,660 in Covid19 relief funding. Funds were used as follows: \$27,000 for Mental Health Counseling, \$29,111 for Employee Retention, and \$33,450 for Meals on Wheels.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

| a. What is | the current phase | of the project? |
|---------------------------|----------------------|--|
| OPlanni | ng ODesign | Construction |
| b. Is the pr | oject "shovel read | y" (i.e permitted)? |
| c. What is | the estimated start | date of construction? |
| d. What is | the estimated com | pletion date of construction? |
| 12. List the o relationsl | wners of the facilit | y to receive, directly or indirectly, any fixed capital outlay funding. Include the ners 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 | | 0 | | |
| Other Salary and Benefits | | 0 | | |
| Expense/Equipment/Travel/Supplies/ Other | | 0 | | |
| Consultants/Contracted Services/Study | | 0 | | |
| Operational Costs: Other | | | | |
| Salary and Benefits | 4 additional professionals for Community Lifeline who will provide direct services and support and administration. | 478,735 | | |
| Expense/Equipment/Travel/Supplies/ Other | Computers for staff @ \$2,000 each x 3 | 6,000 | | |
| Consultants/Contracted Services/Study | Cost of contracting with Israel Trauma Coalition, providers of the Train the Trainers Trauma Focused Therapy Training | 115,265 | | |
| Fixed Capital Construction/Majo | r Renovation: | | | |
| Construction/Renovation/Land/ Planning Engineering | | 0 | | |
| Total State Funds Requested (must equal total from question #6) | | | | |

14. Program Performance

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



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- Training of ~50 behavioral health professionals to be responders to crises and trainers of other professionals to be responders;
- 30 community leaders including clergy will learn skills to be better equipped to respond during times of crises;
- Additional staff will field calls to the Community Lifeline and deploy trained professionals for trauma response throughout South Florida; and
- Staff will assist in the facilitation of future train the trainer modules throughout South Florida.
- Psychiatry services will be provided to those in need in order to address the lack of affordable psychiatry services available.

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

JFS will contract with the Israel Trauma Coalition (ITC), a premier agency who responds in times of crises throughout the world. ITC was created twenty years ago to harness the collective knowledge, expertise, and experience of leading trauma management NGO's and government organizations. They have been first responders at crises such as Marjory Stoneman Douglas, Surfside, and at mass shootings in Pittsburgh and Chicago. In these instances, they provided direct trauma response. Through this program, ITC will provide training for South Florida's own responders and will train those responders how to be trainers for the next cohort. As a result, we will be better equipped to serve our own demographic when the next emergency strikes. The Community Lifeline will serve as a streamlined single point of entry for all calls into the agency and serve as the first response to the approximately 30,000 individuals who reach out to JFS for help annually. Psychiatry services will be provided.

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

- Immediate trauma intervention and therapy
- Short and long-term care management
- Shorter response time to access services
- Psychiatry services will be provided to those in need.

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

The target population served by this project is any resident of South Florida experiencing short and/or long-term trauma or crisis.

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

Approximately 30,000 calls for help are expected to be served. Number and type of calls for help will be recorded and monitored.

In Year One, the following outcomes are projected:

- Up to 50 professionals will be trained as responders and trainers;
- Up to 30 community leaders, including clergy, will receive support to be better equipped to serve their communities; and Psychiatry services will be provided to those in need. Hours of service and number of clients served will be recorded. Client goals will be tracked and measured at least every 90 days.
- 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?

Penalties for not meeting the contracted deliverables may warrant decreased funding.

15. Requester Contact Information

| a. First Name | Danielle | Last Name | Hartman | |
|-------------------|--|-----------|---------|--|
| b. Organization | Ruth & Norman Rales Jewish Family Services | | | |
| c. E-mail Address | DanielleH@ralesjfs.org | | | |
| d. Phone Number | (561)852-3343 | Ext. | | |

16. Recipient Contact Information

a. Organization Ruth & Norman Rales Jewish Family Services



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| b. Municipality and | County Palm Beach | | | |
|----------------------------------|------------------------|-----------|---------|--|
| c. Organization Type | | | | |
| □For Profit Entity | | | | |
| ☑Non Profit 501(c | ☑Non Profit 501(c)(3) | | | |
| □Non Profit 501(d | □Non Profit 501(c)(4) | | | |
| □Local Entity | □Local Entity | | | |
| □University or Co | llege | | | |
| □Other (please sp | pecify) | | | |
| | | 1 | | |
| d. First Name | Deidra | Last Name | Zussman | |
| e. E-mail Address | deidraz@ralesjfs.org | | | |
| f. Phone Number | (561)852-6083 | | | |
| 17. Lobbyist Contact Information | | | | |
| a. Name | Ellyn Bogdanoff | | | |
| b. Firm Name | Becker & Poliakoff PA | | | |
| c. E-mail Address | ebogdanoff@beckerlawye | ers.com | | |
| d. Phone Number | (954)364-6005 | | | |