



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Network of Care for Behavioral Health

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 11/15/2017

4. **Project/Program Description:**

Community based web portal to support those struggling with behavioral health issues and/or substance abuse addiction.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of Children and Families

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
735,000		735,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 735,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

Yes- \$400,000

11. Program Performance:

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

Provide reliable, quick and easy access to behavioral health services and information via a most comprehensive and tested service for targeted high-need populations such a Veterans and individuals with mental illness and/or substance abuse addiction. Connect behavioral health consumers and their families with the most up-to-date comprehensive directory of community-based resources and information, including: social networking platform, job search & support and local crisis intervention and emergency care programs.

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

Software service through the NOC portal would customize a comprehensive collection of all services, programs, assistance, support, information, news, networking, and much more into a single one-stop shop for the consumer on a community level.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Contracted services with vendor-License Fee (Set Up) and Annual Subscription	735,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		735,000

d. What are the direct services to be provided to citizens by the appropriations project?

The portal is fully customized to serve its specific location. Network of Care Direct services include: Local Service Directory- Comprehensive database enabling consumers to quickly locate local programs and services to make informed choices for what they need. Crisis Services- Quick access to local emergency and crisis intervention programs in the area. Vast Library consisting of information that is peer-reviewed information for accuracy and pre-vetted for relevance. Social networking platform to enhance an individuals communication and connection with their community. Links to available resources to advocacy and support groups.

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

Individuals struggling with behavioral health and substance abuse issues.

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

Number of visitors served and number of referrals, both of which will be measured on a monthly basis.

g. 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?

Not applicable because the software would be a subscription to an existing service.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

None

13. Requestor Contact Information:

a. Name: Afshin Khosravi



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- b. **Organization:** Trilogy Integrated Resources
- c. **Email:** AKhosravi@trilogyir.com
- d. **Phone Number:** (415)458-5900

14. Recipient Contact Information:

- a. **Organization:** Trilogy Integrated Resources
- b. **County:** Statewide
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify) Private company via contract with DCF
- d. **Contact Name:** Afshin Khosravi
- e. **E-mail Address:** AKhosravi@trilogyir.com
- f. **Phone Number:** (415)458-5900

15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. **Name:** Melissa Akeson
- b. **Firm:** The Rubin Group
- c. **Email:** akesonm@rubingroup.com
- d. **Phone Number:** (850)681-9111