



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1437

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Project TALKS - Talk, Act, Listen, Know, Support - is to create a "Talkable Community" in Northeast Florida leveraging the power of 5 Behavioral Health agencies across 6 counties. Our project creates a trauma informed community that will encourage healthy conversations, activities and interventions leading to a focus on mental well-being and healthier lives. It creates a co-responder team with local law enforcement to reduce incarceration, emergency department diversion, and supports for families.

5. State Agency to receive requested funds

State Agency contacted?  Yes

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

Type of Funding	Amount
Operations	550,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>550,000</b>

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)	550,000	65%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	135,000	16%
Local	63,000	7%
Other	100,000	12%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>848,000</b>	<b>100%</b>

8. Has this project previously received state funding?  Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	400,000	367	No

9. Is future funding likely to be requested?  Yes

a. If yes, indicate nonrecurring amount per year.

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

Starting Point leverages funding from other grants, local support and a contract with the managing entity to support activities in Project TALKS including mental health awareness training, care coordination and trauma informed therapy. Funding does not exist currently to support co-responder teams or care coordination expansion. Medicaid and other insurances are billed for direct patient care.



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

Yes

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

Starting Point received \$161,063 from the Provider Relief fund to cover losses in Medicaid/Medicare billing during the COVID19 lockdown and continued pandemic. We received \$70,000 in Cares Act from Nassau County Government for telehealth expansion and office renovations, and \$650,000 from the PPP in order to continue full time employment and benefits of our staff of over 80 employees.

**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	Organizational leadership including CEO and 2 Clinical Supervisors @ .50 FTE	73,079
Other Salary and Benefits	Project Coordinator @ .50 FTE	24,926
Expense/Equipment/Travel/Supplies/Other	Expenses related to project for % of staff identified above including travel, supplies, licenses fees, subscriptions	13,500
Consultants/Contracted Services/Study	marketing consultants and services	25,000
<b>Operational Costs: Other</b>		
Salary and Benefits	2 care coordinators for ED diversion and co-responder team, 2 Americorp members, 2 behavioral health co-responders, 1 therapist providing trauma informed care for those identified by diversion teams, and .20 FTE of a Psychiatrist.	311,371
Expense/Equipment/Travel/Supplies/Other	Travel, equipment, licensing fees, supplies, subscriptions,	56,724
Consultants/Contracted Services/Study	Training, education, and consultants	45,400
<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>550,000</b>

**12. Program Performance**

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

The goal of Project TALKS - Talk, Act, Listen, Know, Support - is to create a "Talkable Community" in Northeast Florida leveraging the power of 5 Behavioral Health agencies across 6 counties. Our project creates a trauma informed community that will encourage healthy conversations, activities and interventions leading to a focus on mental well-being and healthier lives. It creates 2 co-responder teams with local law enforcement to reduce incarceration and connect offenders with community-based MH services, emergency department diversion and supports for families/friends who have lost a loved one to suicide.

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

Create "talkable communities" to increase the number of individuals with the ability to respond to a mental health Crisis. Expand care coordination activities in local hospitals to connect with those experiencing a mental health crisis. Expand our partnership with law enforcement that integrates a mental health professional into their response team and that offers trauma support to first responders. Provide trauma support to family and friends who have lost someone due to suicide and/or overdose.

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



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Training in Mental Health First Aid (MHFA), ITTAI and QPR throughout 6 counties in Northeast Florida. Care Coordinators on-site in the emergency department will meet with individuals in a mental health crisis, Baker Act and/or overdose, assess their needs, develop a care plan, and provide direct service in the community until the person is stable. Two mental health counselors will be part of a co-responder team with Law Enforcement agencies to intervene and provide direct intervention to those identified as having mental health issues during an arrest. Crisis counselors trained in Trauma informed care will provide individual/group support to families and first responders after a death by suicide.

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

Individuals with mental illness, individuals/families experiencing a mental health crisis, individuals who commit crimes with an identified mental health issue, first responders, family/friends who have suffered a loss due to suicide/overdose, training for youth serving adults, and training for the general population.

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

The integration of a mental health professional with law enforcement can reduce the incidence of violence, trauma, arrests, and involuntary hospitalizations, and increase the engagement rate for follow up care. The same MH professional can provide trauma informed care after a traumatic event such as suicide. Measurement - % of BA diversions, % of engagement in services, # of MH interventions leading to reduction in arrests. MH, MHFA, and QPR are evidenced based training programs prove to increase knowledge on signs, symptoms and risk factors of mental illness; increase confidence in and likelihood to help an individual in distress, increase mental wellness in the trainee, and increase confidence in having a conversation on mental health issues. Measurement: # of individuals trained, # of trainings provided. Trauma support for those who lost someone due to suicide can reduce depression, anxiety, feelings of guilt, and loneliness and improve overall feelings of well being.

**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 include loss of contract and funding.

**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