

LFIR # 1479

| 1. Project Title   | Jewish Family S   | Services Affordable  | Mental Health Collabo  | oration  |                         |
|--|---|--|--|--|-------------------------|
| 2. Senate Sponsor  | Shevrin Jones   |  |  |  |                         |
| 3. Date of Request   | 11/30/2021  |  |  |  |                         |
| 4. Project/Program D   | Description   |  |  |  |                         |
| the four Jewish Far<br>24,000 visits/hours<br>projections, this pro-<br>help more people, v  | mily Service agencie<br>of mental health ser<br>ogram will expand av  | es serving South Fl<br>rvices annually to to<br>vailable services by<br>ving emotional wel | the Broward, Miami-Da<br>v 20% to potentially pro              | ner the four agencie<br>de, and Palm Beac<br>ovide 29 000 visits/s | s provide approximately |
| 5. State Agency to re  | eceive requested fu   | unds Departr   | ment of Children and Fa  | amilies  |                         |
| State Agency cont  | acted? No   |  |  |  |                         |
| 6. Amount of the Nor   | nrecurring Request  | for Fiscal Year 2  | 2022-2023  |  |                         |
| Type of Funding  |   |  | Amo  | unt  |                         |
| Operations   |   |  |  | 998,400  |                         |
| Fixed Capital Outla  | у   |  |  | 0  |                         |
| <b>Total State Funds</b>   | Requested   |  |  | 998,400  |                         |
| 7. Total Project Cost  | for Fiscal Year 202   | 22-2023 (including   | g matching funds ava   | ilable for this proj   | ect)                    |
|  |   |  |  |  |                         |
| Type of Funding  |   |  | Amount   | Percentage   |                         |
| Total State Funds F  | Requested (from que   | estion #6)   | <b>Amount</b> 998,400  | Percentage 75%   |                         |
| Total State Funds F Matching Funds   | Requested (from que   | estion #6)   | 998,400  | 75%  |                         |
| Total State Funds F<br>Matching Funds<br>Federal   |   |  | 998,400  | 75%<br>0%  |                         |
| Total State Funds F<br>Matching Funds<br>Federal<br>State (excluding the   | Requested (from que   |  | 998,400  | 75%<br>0%<br>0%  |                         |
| Total State Funds F Matching Funds Federal State (excluding the Local  |   |  | 998,400<br>0<br>0<br>335,000                                   | 75%<br>0%<br>0%<br>25%   |                         |
| Total State Funds F Matching Funds Federal State (excluding the Local Other  | e amount of this requ   | uest)  | 998,400<br>0<br>0<br>335,000                                   | 75%<br>0%<br>0%<br>25%<br>0%                                       |                         |
| Total State Funds F Matching Funds Federal State (excluding the Local Other  |   | uest)  | 998,400<br>0<br>0<br>335,000                                   | 75%<br>0%<br>0%<br>25%   |                         |
| Total State Funds F Matching Funds Federal State (excluding the Local Other  | e amount of this requests for Fiscal Year 20  | uest)<br>022-2023  | 998,400<br>0<br>0<br>335,000                                   | 75%<br>0%<br>0%<br>25%<br>0%                                       |                         |
| Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project professory of the Project  | e amount of this requests for Fiscal Year 20  | uest)<br>022-2023  | 998,400  0 0 335,000 0 1,333,400  No Specific                  | 75%<br>0%<br>0%<br>25%<br>0%                                       |                         |
| Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project product of the project project product of the project project product of the project product of the project product of the project product of the project project product of the project project product of the project p | e amount of this requests for Fiscal Year 20  | uest) 022-2023 state funding?  | 998,400<br>0<br>0<br>335,000<br>0<br>1,333,400                 | 75%  0% 0% 25% 0% 100%   |                         |
| Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project professory of the Project  | e amount of this requests for Fiscal Year 20 reviously received   | uest) 022-2023 state funding?  | 998,400  0 0 335,000 0 1,333,400  No Specific                  | 75%  0% 0% 25% 0% 100%   |                         |
| Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project professory of the Project  | e amount of this requests for Fiscal Year 20 reviously received Amo   | uest) 022-2023 state funding? ount Nonrecurring  | 998,400  0 0 335,000 0 1,333,400  No Specific                  | 75%  0% 0% 25% 0% 100%   |                         |
| Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project project project for (yyyy-yy)  9. Is future funding light  | e amount of this requests for Fiscal Year 20 reviously received Amo   | uest)  022-2023  state funding?  ount  Nonrecurring  ed?                                   | 998,400  0 0 335,000 0 1,333,400  No  Specific Appropriation # | 75%  0% 0% 25% 0% 100%   |                         |
| Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project professed (yyyy-yy)  9. Is future funding lift a. If yes, indicate responses   | e amount of this requests for Fiscal Year 20 reviously received  Amount of this requested to be requested to be requested to the requested to | uest)  022-2023  state funding?  ount  Nonrecurring  ed?  unt per year.                    | 998,400  0 0 335,000 0 1,333,400  No  Specific Appropriation # | 75%  0% 0% 25% 0% 100%  Vetoed                                     |                         |
| Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project professed (yyyy-yy)  9. Is future funding lift a. If yes, indicate responses   | e amount of this requests for Fiscal Year 20 reviously received  Amount of this requested to be requested to be requested to the requested to | uest)  022-2023  state funding?  ount  Nonrecurring  ed?  unt per year.                    | 998,400  0 0 335,000 0 1,333,400  No  Specific Appropriation # | 75%  0% 0% 25% 0% 100%  Vetoed                                     |                         |
| Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project professed Year (yyyy-yy) 9. Is future funding lift a. If yes, indicate resourced by the solution of the sol | e amount of this requested services are serviced services. Amore Recurring sikely to be requested amount ource of funding that  | uest)  022-2023  state funding?  ount  Nonrecurring  ed?  unt per year.  at can be used in | 998,400  0 0 335,000 0 1,333,400  No  Specific Appropriation # | 75%  0% 0% 25% 0% 100%   | 19 pandemic?            |



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

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

### 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/<br>Other                             |  | 0       |  |  |
| Consultants/Contracted<br>Services/Study                                |  | 0       |  |  |
| Operational Costs: Other  |  |         |  |  |
| Salary and Benefits   | Hire mental health professionals who will provide direct services and support. | 998,400 |  |  |
| Expense/Equipment/Travel/Supplies/<br>Other                             |  | 0       |  |  |
| Consultants/Contracted<br>Services/Study                                |  | 0       |  |  |
| Fixed Capital Construction/Majo   | r Renovation:  |         |  |  |
| Construction/Renovation/Land/<br>Planning Engineering                   |  | 0       |  |  |
| Total State Funds Requested (must equal total from question #6) 998,400 |  |         |  |  |

### 12. Program Performance

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

The JFS Affordable Mental Health Collaboration will expand mental health services provided by the four Jewish Family Service agencies serving South Florida. Currently, together the four agencies provide approximately 24,000 visits/hours of mental health services annually to the Broward, Miami-Dade, and Palm Beach counties. Based on projections, this program will expand available services by 20% to potentially provide 29,000 visits/service hours in order to help more people, with a goal of improving emotional well-being. Financial assistance and/or sliding scale for service may be provided to those who qualify based on income.

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

The JFS Affordable Mental Health Collaboration will provide mental healthcare to children, individuals, and seniors, who are experiencing a variety of issues such as depression, trauma, anxiety, etc. Treatment will be provided by trained mental health professionals to improve client well-being and emotional stability.

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

Mental health care will be provided directly to citizens.

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

Approximately 3,000 clients are expected to be served by this project. We will treat all clients including the elderly, at-risk youth, students of all ages, and adults, with a special focus on low-income, economically disadvantaged citizens. A sliding scale and/or financial assistance may be offered where available.

### 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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80% of Clients who complete pre/post treatment evaluations will demonstrate an improvement in mental health. Approximately 3,000 clients will be served with approximately 24,000 visits or hours of treatment. Pre- and post-treatment evaluations will be administered at assessment, at regular intervals (either every 90 days or 6 months depending on required test), and at planned discharge. Tests will include PHQ9, GAD, CFARS/FARS, or CGAS, depending on client need.

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.

| 13. | The owners of the facility | y to receive, direc | tly or indirectly | , any fixed capital | outlay funding. | Include the |
|-----|----------------------------|---------------------|-------------------|---------------------|-----------------|-------------|
|     | relationship between the   | owners of the fa    | cility and the en | itity.              |                 |             |

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| 14. | 14. Requestor Contact Information  |                              |                 |               |         |  |
|-----|------------------------------------|------------------------------|-----------------|---------------|---------|--|
|     | a. First Name                      | Danielle                     |                 | Last Name     | Hartman |  |
|     | b. Organization                    | Ruth & N                     | orman Rales Jev | vish Family S | ervices |  |
|     | c. E-mail Address                  | Danielle                     | l@ralesjfs.org  |               |         |  |
|     | d. Phone Number (561)852-3343 Ext. |                              |                 |               |         |  |
| 15. | Recipient Contact                  | Information                  | on              |               |         |  |
|     | a. Organization                    | Ruth & N                     | orman Rales Jev | vish Family S | ervices |  |
|     | b. Municipality and                | d County                     | Palm Beach      |               |         |  |
|     | c. Organization Ty                 | ре                           |                 |               |         |  |
|     | □For Profit Entity                 |                              |                 |               |         |  |
|     | ☑Non Profit 501(c)(3)              |                              |                 |               |         |  |
|     | □Non Profit 501(c)(4)              |                              |                 |               |         |  |
|     | □Local Entity                      |                              |                 |               |         |  |
|     | □University or College             |                              |                 |               |         |  |
|     | □Other (please specify)            |                              |                 |               |         |  |
|     | d. First Name                      | Deidra                       |                 | Last Name     | Zussman |  |
|     | e. E-mail Address                  | deidraz@                     | ralesjfs.org    |               |         |  |
|     | f. Phone Number                    |                              |                 |               |         |  |
| 16. | 16. Lobbyist Contact Information   |                              |                 |               |         |  |
|     | a. Name                            | Ellyn Bogdanoff              |                 |               |         |  |
|     | b. Firm Name                       | Becker & Poliakoff PA        |                 |               |         |  |
|     | c. E-mail Address                  | ebogdanoff@beckerlawyers.com |                 |               |         |  |
|     | d. Phone Number                    | (954)364-6005                |                 |               |         |  |