

LFIR # 1620

1. Project Title Center for	Trauma Recovery, Wellness and Healing Justice
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2. Senate Sponsor Darryl Rouson

3. Date of Request 11/30/2021

4. Project/Program Description

The Center for Trauma Recovery, Wellness, and Healing Justice promotes health equity and social justice through comprehensive services and care for survivors of violent crime and their loved ones. The program prioritizes assertive outreach and engagement with underserved populations to provide individualized comprehensive support for survivors of all violent crimes through trauma-informed, evidence-based practices. Leveraging the Trauma Recovery Center model, the Center will provide holistic and accountable mental health, case management, and other support services with a trauma treatment team that includes social workers, psychologists, psychiatrists, medication services, case managers, outreach workers, and peer support specialists. This approach creates a single point of contact in which survivors can receive care to decrease psychosocial distress, minimize long-term disability, improve quality of life, reduce the risk of future victimization, and promote post-traumatic growth.

5. State Agency to receive requested funds

Department of Children and Families

State Agency contacted? No

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

Type of Funding	Amount
Operations	826,100
Fixed Capital Outlay	0
Total State Funds Requested	826,100

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)	826,100	94%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	0	0%	
Local	50,000	6%	
Other	0	0%	
Total Project Costs for Fiscal Year 2022-2023	876,100	100%	

8. Has this project previously received state funding? No

Fiscal Year	Amount		Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	

9. Is future funding likely to be requested?

Yes 826,100

a. If yes, indicate nonrecurring amount per year.

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

If state funding is not available, we will leverage other grants and client insurance to support the initiative.



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.

PCF received nearly \$18 million in CARES Act funding to create the Pinellas CARES Nonprofit Partnership Fund. The funds were distributed to the community to assist in addressing critical needs of food insecurity, behavioral health, and housing caused by the economic impacts of the COVID-19 pandemic. 60 organizations received funding through an open, transparent, and public process. Through the support of this funding, 609,720 meals were served, and 18,825 people received behavioral health services.

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

Spending Category	g Category Description	
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other	Administrative Fees - 5% of total costs for contract oversight, management, performance evaluation, public accountability and costs associated with single audit.	39,100
Consultants/Contracted Services/Study	The Well/New Visions Contracted agency - Part-time Clinical Supervisor and Training Director70 Project Director (\$80,000). Responsible for project oversight, supervision to all program staff and contracted service providers, developing and maintaining data tracking systems, and monitoring data collection. Administrative Director, Project Coordinator - Provides regular project oversight, coordination and management to ensure identified community needs are met and addressed (\$40,000).	120,000
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other	Participant Supports - emergency housing, lock repair, ER, Childcare, Transportation, Food assistance, Medical supplies (\$20,000); Liability insurance increase (\$4,000); Building Use (\$25,000); Health Records hosting, telehealth platform, and team technological devices (\$20,000); Therapeutic Supplies (\$10,000); Participant devices for ongoing telehealth support (\$10,000).	89,000
Consultants/Contracted Services/Study	nsultants/Contracted 2 Part-time Nurse Practitioners/Psychiatrists @ \$125,000 annually	
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	826,100

12. Program Performance

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



These funds will help create a single point of contact, through The Well, in which survivors of violence and their loved ones can access free trauma-informed comprehensive services and care to decrease psychosocial distress, minimize long-term disability, improve quality of life, reduce the risk of future victimization, and promote post-traumatic growth. These types of comprehensive services and assistance are intended to help people who have experienced violent crimes, including patients who suffered gunshot wounds, as well as victims of sexual assault, domestic violence, human trafficking, and hate crimes, and those who had a family member assaulted or killed.

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

In the wake of crime, violence, and/or untreated behavioral health disorders, individuals will be provided concrete resources and relational supports to successfully navigate adverse experiences and adaptively cope. Assertive outreach and engagement, comprehensive mental health and support services, clinical care management, concrete resources, and community/civic reintegration will be provided.

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

Outreach, crisis management/support, referrals and system navigation, civil/criminal justice support, clinical/wellness services, counseling and other wellness/rehabilitation services, peer support, education, consultation and convening.

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

This project will serve individuals experiencing mental health challenges, poverty, substance use disorders, adolescents and young adults, and individuals impacted by crime and violence. We expect to serve between 100 and 200 individuals in the first year.

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

be measured?

Individuals will report improvement in their physical health wellness indicators, reduce perceived stress and trauma symptoms, effectively manage mental health symptoms, and/or increase overall quality of life. Individuals/Families will report increased use of adaptive coping skills and social supports, decreased social isolation, and/or increased participation in adaptive healthful community experiences. Provide training, crisis management, education, consultation, and debriefing services to individuals, families, community, and providers. Reduce suicidal/homicidal/violence ideation from individuals experiencing harm. To establish baseline measures as part of the intake process for TRC services pending approval, clinicians will utilize the following measures: World Health Organization Quality of Life Instrument (WHOQOL-BREF), PCL5 - (20-item questionnaire, corresponding to the DSM-5 symptom criteria for PTSD), MARTHA (An adaptation of the Carlson Trauma History Screen), PHQ9

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?

No additional penalties are recommended.

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

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	a. First Name	LaDonna Last Name		Butler		
	b. Organization	The Well for Life/New Visions of The Well, Inc.				
	c. E-mail Address	Ibutler@thewellforlife.org				
	d. Phone Number	(727)251-0743	Ext.			
15.	5. Recipient Contact Information					
	a. Organization	Pinellas Community Foun	dation			
	b. Municipality and	ality and County Pinellas				
	c. Organization Type					
	□For Profit Entity					
	☑Non Profit 501(c)(3)					
	□Non Profit 501(c	Non Profit 501(c)(4)				
	□Local Entity	tity				
	□University or Co	College				
	□Other (please sp	e specify)				
	d. First Name	Duggan	Last Name	Cooley		
	e. E-mail Address	ss dcooley@pinellascf.org				
	f. Phone Number					
16.	16. Lobbyist Contact Information					
	a. Name	None				
	b. Firm Name	None				
	c. E-mail Address					
	d. Phone Number					