



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3537

1. Project Title
2. Senate Sponsor
3. Date of Request

4. Project/Program Description

The St. Petersburg Community Support HUB promotes neighborhood and community wellness through comprehensive services and care for survivors of violent crime and their loved ones. This program prioritizes assertive outreach and engagement with under-served populations to provide individualized comprehensive support for survivors of all violent crimes through trauma-informed, evidence-based practices. Leveraging the evidence-based Trauma Recovery Center model, the HUBs 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 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 crime, and promote post-traumatic growth.

5. State Agency to receive requested funds
- State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	965,000
Fixed Capital Outlay	150,000
Total State Funds Requested	1,115,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,115,000	43%
Matching Funds		
Federal	1,483,786	57%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	2,598,786	100%

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested? No
- a. If yes, indicate nonrecurring amount per year.
- b. Describe the source of funding that can be used in lieu of state funding.
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LFIR # 3537

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

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

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e. permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

The HUB location is leased by New Visions of The Well from the Cherry Trust. This facility was intentionally selected for the HUB because its location is in a high crime area and providing HUB services at this location would reclaim the space for wellness.

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	Administrative Fee (\$53,000), 5% of total costs for contract oversight, management, performance evaluation, public accountability and costs associated with single audit	53,000
Consultants/Contracted Services/Study	PT, Clinical Supervisor and Training Director- .70 Project Director (PD) @ \$80,000 - Project oversight, supervision to program staff and contractors, developing & maintaining data tracking systems, and monitoring data collection; Admin. Director/Project Coordinator - Provides regular project oversight, coordination and management @ \$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



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Consultants/Contracted Services/Study	2 PTE Nurse Practitioners/Psychiatrists @ \$125,000 annually x 2 = \$250,000; 2 FTE Case Managers @ \$65,000 x 2 = \$130,000; 2 FTE Licensed Clinicians @ \$77,000 x 2 = \$154,000; 1 FTE Intake/Operations Manager @ \$65,000; 2 FTE Peer Recovery Advocates @ \$37,000 x 2 = \$74,000; Data Coordinator/Research Specialist @ \$24,000; Research publication/design - \$6,000	703,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Building improvements and modifications — additional rooms for individual and group counseling, resources and classroom spaces for community use. ADA compliant modifications (e.g., ramp installation, bathroom renovations, doorway reconstruction, etc.), outdoor space renovations such as fence installation, parking lot, repavement, etc.	150,000
Total State Funds Requested (must equal total from question #6)		1,115,000

14. Program Performance

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

These funds will bolster our efforts to establish multiple Community Support HUBS throughout the city, creating trauma-informed support spaces where residents 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. Each HUBS will offer assertive outreach, direct counseling services, and care management as part of their core services and will have additional services/resources available based on community needs.

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 & 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 HUB services, 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?



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Penalties for not meeting contracted deliverables may warrant a reduction or cessation of funding.

15. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

16. 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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number