

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Northwest Behavioral Health Services -Treating Trauma Now Crisis Hotline and Mobile Services

2. Date of Submission: 11/06/2019

3. House Member Sponsor: Kimberly Daniels

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded? 2019-20
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
	Column: A	Column: B	Column: C	Column: D	Column: E	Column: F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		150,000	150,000		200,000	200,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Children and Families

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Failing to meet the deliverable can result in the suspension or termination of the contract and request funds be returned.

6. Requester:

- a. Name: Terri Glover
- b. Organization: Northwest Behavioral Health Services, Inc
- c. Email: tglovernbh@att.net
- d. Phone #: (904)534-0996

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Terri Glover
- b. Organization: Northwest Behavioral Health Services, Inc
- c. Email: tglovernbh@att.net
- d. Phone #: (904)534-0996

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Northwest Behavioral Health Services, Inc.
- b. County (County where funds are to be expended): Duval
- c. Service Area (Counties being served by the service(s) provided with funding): Duval

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

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

Northwest Behavioral Health Services Trauma Crisis Hotline and Mobile Specialists will focus on children, teens and young adults (18 to 26 years old) present with a trauma crisis resulting from an event, series of events or set of circumstances that impact physically or emotionally well-being. The goal is to respond to the trauma individual(s) within 60 minutes to stabilize, provide support, intervention, de-escalate, including making appropriate referrals for needed follow up services.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Executive Director - 10% of time at administration	10,920
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Admin Assist/Data = 3559.38 Business Manager = 5445	9,004
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Financial Audit 1% =4855	4,855
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Therapist 1 FTE - 30% of Salary CSE 2 FTE - 100% of Salary 4 CSE PT - 100% of Salary	157,379
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Rent 24% \$1,108.80 Equipment Purchases 1.00% \$2,850.00 Equipment Lease 50% \$1,231.00 Utilities 10% \$480 Supplies & Advertisements 1.00% \$2352.65 Insurance 25% \$4,999.50 Telephone & Comm 1.00% \$1,090	15,502

	Dedicated Cell Phones 1.00% \$70 Dedicated Monthly Plan 1.00% \$1320	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Consultant - Psych Services 1%	2,340
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		200,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category "h. Fixed Capital Outlay" was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Letter of support from Family Support Service of North Florida; The Boys and Girls Club of Northeast Florida; Jacksonville Sheriff Department

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

On call trauma Crisis Hotline and Mobile Services 24/7

17b. Describe the direct services to be provided to the citizens by the funding requested.

Intervention services, individual assessments and referrals to ensure follow-ups.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

Elderly persons

Persons with poor mental health

Persons with poor physical health

Jobless persons

Economically disadvantaged persons

At-risk youth

Homeless

Developmentally disabled

Physically disabled

Drug users (in health services)

Preschool students

Grade school students

High school students

University/college students

Currently or formerly incarcerated persons

Drug offenders (in criminal Justice)

Victims of crime

General (The majority of the funds will benefit no specific group)

Other (Please describe): Children, teens and young adults (18 to 26 years old) directly involved with the Jacksonville Sheriff

17d. How many in the target population are expected to be served?

< 25

25-50

- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Provide Psychological first aid to individuals in crisis	Reestablish immediate coping skills, returning the children, teens and young adults (age 18 to 26) to a pre-crisis level of functioning. Provide face to face intervention services to help the child, adolescents and young adults and family resolve the immediate crisis.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Provide outreach and information and referral services to children, teens and young adults (age 18 to 26) to improve MH awareness and accessibility for students who are failing in classes and educational training programs due to trauma crisis.	Conduct 6 outreach activities per quarter. Provide 100 parents and students with information and referrals services over 12 months.
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		

<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	Reduce the usage of substance abuse during a trauma crisis.	Provide support services to have guidance to additional community services. Develop a plan to re-frame from substance usage.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Reduce personal involvement in truancy, delinquency and violent and criminal activities.	Provide intervention support during the crisis. Increase the use of appropriate alternatives for placement during the crisis event. Decrease aggressive and threatening behaviors during the crisis event.
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	200,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	200,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2020-21 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select “ongoing activity”.

ongoing activity – no total cost

<1M

1-3M

>3-10M

>10M