

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: 211 Palm Beach Treasure Coast - South Florida Suicide Prevention and Crisis Intervention Outreach Project

2. Date of Submission: 11/12/2019

3. House Member Sponsor: Mike Caruso

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- Has funding been provided in a previous state budget for this activity? No
If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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	B	C	D	E	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:					500,000	500,000

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.

cut the funding.

6. Requester:

- a. Name: Sharon L'Herrou
- b. Organization: 211 Palm Beach Treasure Coast, Inc.
- c. Email: sharon@211pbtc.org
- d. Phone #: (561)533-1065

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

- a. Name: Sharon L'Herrou
- b. Organization: 211 Palm Beach Treasure Coast, Inc.
- c. Email: sharon@211pbtc.org
- d. Phone #: (561)533-1065

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

- a. Name: Carole Duncanson
- b. Firm: CLD & Associates
- c. Email: Carolecl@aol.com
- d. Phone #: (954)240-3110

9. Organization or Name of entity receiving funds:

- a. Name: 211 Palm Beach Treasure Coast, Inc.
- b. County (County where funds are to be expended): Palm Beach
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, Martin, Miami-Dade, Palm Beach

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?

Reducing South Florida suicide rate through outreach and public awareness program about 211 Helpline, targeted to people in crisis offering information and needed support. Emphasis on mental health, suicide prevention, homelessness in South Florida and Treasure Coast. Program focus on education, intervention, and diversion from suicide by raising awareness of 211 Helpline through PSA's, print and social media, and targeted signage directing individuals in crisis to 211 Helpline.

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	Salary to support project lead for program administration	20,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Salary costs to for additional staff support to handle crisis calls at each of the 3 partnering 211s	30,000
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Consultant fee will be used for contracted services in the form of a monthly agency fee for one year. Consultant will coordinate creative services, materials production, media placement and overall management of awareness campaign.	120,000
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Funds will be used for development and placement of various media	275,000

	including, digital advertising and Geo-fencing, print advertising development and placement, video production, and events and activations.	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Funds representing a one-time fee for creative services to develop scope and messaging for awareness campaign. Additional funds for spokesperson fees in audio, video products	55,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

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:

The 211 Helplines in Broward and Miami-Dade Counties have expressed their interest in collaborating on this project.

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?

The Program will advance 211 Helpline's mission to reach people in crisis and connect them to information and help they need through direct outreach in communities where suicide and mental health problems are most prevalent. 211 is a private, nonprofit health & human service organization with a vision that all people in crisis will receive the information and support they need to weather life's storms.

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

Suicide rates have increased more than 30% in the last 15 years. Florida's suicide rate is higher than the national average. The program will focus on homeless, low income and at-risk populations in close proximity to South Florida railroad corridors where suicide rates are higher. Services include events and outreach in targeted communities disseminating information about 211 Helpline and mental health counseling services. The program will include outreach to school children in targeted areas

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)

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	Suicide rates have increased more than 30% in the last 15 years. Florida's suicide rate is higher than the national average. The program will focus on homeless, low income and at-risk populations in close proximity to South Florida railroad corridors where suicide rates are higher. Services include events and outreach in targeted communities disseminating information about 211 Helpline and mental health counseling services. The program will also include outreach to school	Data collection. Caller volume to 211 Helpline and survey of service levels among 211 Helpline's referrals to community health and human service entities

	children in targeted	
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<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 type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<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 checked="" type="checkbox"/> Other (Please describe): Reduce suicide rates	Benefits will be measured in reduction of reported suicides in the target area, including suicide by rail	Through data collection of services provided by 211 Helpline and through mental health service providers.
---	---	---

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:	500,000	76.9%	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:	150,000	23.1%	Yes
TOTAL	650,000	100%	

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

No