

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: The Lifetime Counseling Center - First Responders Mental Health Crisis Intervention and Training
2. Date of Submission: 11/15/2019
3. House Member Sponsor: Tyler Sirois
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. 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
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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	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.
Funding reduction or elimination if deliverables are not met.

6. Requester:

- a. Name: Lori Parsons, PsyD
- b. Organization: Space Coast Health Foundation, D.B.A. Lifetime Counseling Center
- c. Email: lori.parsons@lccbrevard.org
- d. Phone #: (321)632-5792

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

- a. Name: Lori Parsons, PsyD
- b. Organization: Space Coast Health Foundation, D.B.A. Lifetime Counseling Center
- c. Email: lori.parsons@lccbrevard.org
- d. Phone #: (321)632-5792

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: Space Coast Health Foundation, D.B.A. Lifetime Counseling Ce
- b. County (County where funds are to be expended): Brevard
- c. Service Area (Counties being served by the service(s) provided with funding): Brevard

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?

The goal of this project is to build a two-pronged approach for addressing behavioral health needs associated with the criminal justice population. It includes providing training for first responders in the signs and symptoms of mental health disorders, as well as effective approaches for intervening in a mental health crisis within the community. It also provides training/support to first responders in recognizing and addressing their own trauma responses following a critical incident.

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 type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Funds will be used to cover salary and benefits for 1/2 FTE of the Clinical Manager who has oversight of the program.	45,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Funds will be used to cover the cost of the Clinical Manager's travel, training, office supplies, etc. used in association with this project.	10,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Funds will be used to cover the cost of salary and benefits for 3.5 FTE's of mental health professionals who will be providing all of the direct services for this project, as well as 1/2 FTE of administrative support staff.	345,000

<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Funds will be used to cover the cost of mileage, office supplies and equipment, program supplies, training, etc. used by the mental health professionals in provision of services for this project.	100,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
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 Space Coast Health Foundation's Community Needs Assessment clearly supports this project as it reveals both mental health services and substance use treatment services as significant needs in our community. In addition, the Behavioral Health Task Force recently added a

subcommittee dedicated to addressing line of duty trauma in first responders, specifically law enforcement officers and fire/rescue responders, due to the increasing number of suicides among this population.

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

Yes

16a. Please Describe:

The Space Coast Health Foundation's Community Needs Assessment, conducted by an independent consulting firm, clearly documents the need for these services in Brevard County. In addition, Crisis Intervention Team (CIT) training for law enforcement professionals was identified as a key community need during a recent 2-day criminal justice Sequential Intercept Mapping process conducted by the University of South Florida.

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?

(1) Training on evidence-based curricula; (2) Individual, family, and group mental health and substance use treatment services; (3) Support group services.

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

Training, such as Crisis Intervention Teams (CIT), helps first responders recognize the signs and symptoms of mental illness, improving their ability to respond to a mental health crisis. Critical Incident Stress Management (CISM) training teaches first responders how to debrief line of duty trauma, reducing its impact on their ability to perform their duties. Mental health/support services help first responders who need additional intervention beyond CISM, while also helping their families.

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): First responders (law enforcement and fire/rescue)

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	Reduce symptoms of mental health disorders, such as depression, anxiety, post-traumatic stress disorder, etc.	Participants will complete industry standard mental health symptom checklists at beginning of treatment, every 30 days during the course of treatment, and at the end of treatment.
<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 checked="" type="checkbox"/> Reduce substance abuse	Clean urinalysis.	On-site alcohol and drug-screening will be conducted at the beginning of treatment, random intervals during the course of treatment, and at the end of treatment.
<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): Improve law enforcement	Improved understanding of the signs/symptoms of mental health and	Pre-tests/post-tests will be completed prior to training, immediately after

interactions with mentally ill citizens.	substance use disorders and how these symptoms may manifest in a crisis situation.	training, and at 6 months post-training.
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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	83.3%	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:	100,000	16.7%	Yes
5. Other:	0	0.0%	No
TOTAL	600,000	100%	

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

No