

The Florida House of Representatives
Appropriations Project Request - Fiscal Year 2022-23
For projects meeting the definition of House Rule 5.14

1. Title of Project: Senior Mental Wellness Support and Crisis Response Initiative
2. Date of Submission: 10/14/2021
3. House Member Sponsor: Chris Latvala

4. Details of Amount Requested:

- a. Has funding been provided in a previous state budget for this activity? No
- 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 2021-22 <i>(If appropriated in 2021-22 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2022-23 <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	Recurring Base Budget	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds
Input Amounts:					500,000	500,000

e. Provide the total cost of the project for FY 2022-23 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	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

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5. Other	0	0.0%	No
TOTAL	500,000	100%	

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

Yes

a. How much state funding would be requested after 2022-23 over the next 5 years?

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

b. 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

c. 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

6. Which is the most appropriate state agency to place an appropriation for the issue requested? Department of Children and Families

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

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

Unspent funds returned to state

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7. Requester:

- a. Name: Micki Thompson
- b. Organization: 211 Tampa Bay Cares
- c. Email: mickit@211tampabay.org
- d. Phone #: (727)403-4062

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

- a. Name: Micki Thompson
- b. Organization: 211 Tampa Bay Cares
- c. Email: mickit@211tampabay.org
- d. Phone #: (727)403-4062

9. Registered lobbyist working to secure funding for this project.

- a. Name: Michael C. Corcoran
- b. Firm: Corcoran Partners
- c. Email: michelle@corcoranpartners.com
- d. Phone #: (813)527-0172

10. Organization or Name of entity receiving funds:

- a. Name: 211 Tampa Bay Cares
- b. County (County where funds are to be expended): Pinellas
- c. Service Area (Counties being served by the service(s) provided with funding): Hernando, Pinellas

11. What type of organization is the entity that will receive the funds?

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

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

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Older citizens are among the most vulnerable to isolation and depression. These mental health risks are further exacerbated during health, environmental and other emergencies. State funding would support comprehensive information, referrals and care coordination proactively and in times of crisis to an estimated 300,000 Pinellas and Hernando county seniors.

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

Spending Category	Description	Amount Requested (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	Support for Human Resources, Finance and Programmatic Oversight for program implementation (financial reporting, payroll, etc.)	40,560
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Website/telephone system upgrades (Accessibility to persons with disabilities, Spanish speakers)	50,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	1 Full Time Senior Outreach Manager and 2 Full Time Outreach Specialists	222,040
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Printing outreach materials, resource guides, purchase of ad	137,400

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	space, hiring and recruiting, background checks, rent, insurance, utilities (electric and Internet), telephone and travel.	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Marketing Consultant for materials design	50,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

14. For Fixed Capital Costs requested in Question 13, what type of ownership will the facility be under when complete?

- 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)

15. Is the project request an information technology project?

No

16. 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

a. Please Describe:

Support letters provided by the Area Agency on Aging of Pasco - Pinellas Counties and United Way Suncoast.

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

Yes

a. Please Describe:

The 2019 Community Assessment Survey for Older Adults (CASOA), administered by National Research Center and funded jointly by the Area Agency on Aging of Pasco - Pinellas Counties and the Pinellas Community Foundation, revealed that older adults aged 60 and over report difficulty in dealing with public programs and not knowing which services are available.

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

Yes

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

A dedicated support team will provide system navigation, outreach and ongoing support, including wellness check-ins up to four times a year, for older adult in Pinellas & Hernando counties. The team will train volunteers, produce and distribute informational materials, and conduct community outreach, awareness and crisis response targeting seniors and local providers who serve their needs

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

An estimated 300,00 seniors in Pinellas and Hernando counties will receive critical mental health support through proactive outreach and crisis response.

c. 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

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- 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)

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

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

19. 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 or outcome
<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	An estimated 300,000 older adults will receive critical social services and mental health support on a regular basis and in times of disaster.	Numbers of seniors reached through the program.
<input type="checkbox"/> Enrich cultural experience		

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<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 type="checkbox"/> Other (Please describe):		

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