

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: Let's Talk: Behavioral Health Navigation and Support Line
2. Date of Submission: 10/21/2021
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 (If appropriated in 2021-22 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2022-23 (Requests for additional RECURRING funds are prohibited.)		
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:					300,000	300,000

- 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	300,000	11.6%	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	2,275,143	88.4%	Yes
TOTAL	2,575,143	100%	

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

No

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.

Outlined service level agreements are: a) 24/7 availability (may be revised based on call volume and community need); b) 14,000 calls per year, ~1,167/month; c) metrics will contain at a minimum: average time to answer call - 85% within 30 seconds, follow up attempts - up to 3 attempts, follow up calls provided to medium/high risk individuals - 90%, abandonment rate - 10% ABD

7. Requester:

a. Name: Carrie Zeisse

b. Organization: Tampa Bay Thrives

c. Email: czeisse@tampabaythrives.org

d. Phone #: (813)803-5630

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

a. Name: Carrie Zeisse

b. Organization: Tampa Bay Thrives

c. Email: czeisse@tampabaythrives.org

d. Phone #: (813)803-5630

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

a. Name: Natalie King

b. Firm: RSA Consulting Group LLC

c. Email: natalie@rsaconsultingllc.com

d. Phone #: (813)924-8218

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10. Organization or Name of entity receiving funds:

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

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?

The goal of Let's Talk is to provide free, confidential, 24/7 behavioral health navigation and support to individuals in need, including navigation to local providers, brief counseling, peer supports, self-directed resources, and immediate connection to crisis supports where necessary. Addressing behavioral health challenges before they intensify will lead to long-term improvements in population health and quality of life.

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 type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		

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Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Costs of contract with Vibrant Emotional Health to operate navigation and support line; marketing and communications costs for expansion of line.	300,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		300,000

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

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a. Please Describe:

RSA will assist with letters of support; will insert details once received.

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:

In conjunction with McKinsey's Center for Societal Benefit through Healthcare, TBT conducted two rounds of market research studies in the summers of 2020 and 2021. Claims analysis found that across insurance types, 50% of the population in our region has a behavioral health need. Patient surveys and interviews found that most people are not finding it easy to find care.

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?

Funds will support 14,000 calls per year to the Let's Talk line.

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

Let's Talk will connect callers with trained counselors who will establish rapport with the caller, conduct an assessment to determine caller type and identify any risk factors. They will provide support to the individual in need through collaborative problem solving, connecting the caller to information, referrals, peer supports, brief counseling, and warm transfers, based on the presented needs

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

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- 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)

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	Addressing mental health challenges before they escalate to acute or crisis levels	Short-term: measuring the number of calls to Let's Talk, primary presenting need, whether or not the individual accessed care, and satisfaction. Long-term: reducing the percentage of

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		people reporting poor mental health days; reducing the use of the ER for mental health concerns; reduction in suicides and overdoses.
<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		

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<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):		