Appropriations Project Request - Fiscal Year 2022-23

For projects meeting the definition of House Rule 5.14

1. Title of Project: Jewish Community Services Long Term Transitional Surfside Counseling

2. Date of Submission: 11/15/2021

3. House Member Sponsor: Joseph Geller

4. Details of Amount Requested:

a. Has funding been provided in a previous state budget for this activity? <u>No</u>

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.)			(Requests	Develop New Funds Rec for FY 2022-23 for additional RECURRING fu	
Column:	А	В	С	D	E	F
Funds	Prior Year	Prior Year	Total Funds	Recurring Base	Additional Nonrecurring	TOTAL Nonrecurring plus
Description:	Recurring Funds	Nonrecurring	Appropriated	Budget	Request	Recurring Base Funds
		Funds				
Input Amounts:					252,760	252,760

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	252,760	24.0%	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	800,000	76.0%	Yes

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5. Other	0	0.0%	No
TOTAL	1,052,760	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.

There is a severe adverse impact in denying emotional and psychological support to those who were impacted by the tragic event of Champlain Towers South collapse. Should these clients not be provided trauma-informed mental health counseling support to address immediate needs, they risk employability and ultimately self-sufficiency.

- 7. Requester:
 - a. Name: Miriam Singer
 - b. Organization: Jewish Community Services of South Florida
 - c. Email: <u>msinger@jcsfl.org</u> d. Phone #: (786)696-3267
- 8. Contact for questions about specific technical or financial details about the project.
 - a. Name: Heather Winters
 - b. Organization: hwinters@jcsfl.org
 - c. Email: hwinters@jcsfl.org d. Phone #: (305)403-6516
- 9. Registered lobbyist working to secure funding for this project.
 - a. Name: Ellyn Bogdanoff
 - b. Firm: Becker & Poliakoff PA
 - c. Email: ebogdanoff@beckerlawyers.com
 - d. Phone #: (954)364-6005

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- 10. Organization or Name of entity receiving funds:
 - a. Name: hwinters@jcsfl.org
 - b. County (County where funds are to be expended): Miami-Dade
 - c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade
- 11. What type of organization is the entity that will receive the funds?
 - O For Profit
 - Non Profit 501(c) (3)
 - O Non Profit 501(c) (4)
 - O Local Government
 - O University or College
 - O Other (Please describe)
- 12. What is the specific purpose or goal that will be achieved by the funds being requested?

The dramatic surge in need for mental health counseling and supportive services resulting in new clients seeking these services as a result of the Surfside tragedy has increased the need to build capacity to fund long-term mental health services for these populations. This results in the need to subsidize trauma informed care services for long-term therapy. These new individuals and families will require long-term support, anticipated between 3-5 years after a disaster.

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:		
☑a. Executive Director/Project Head Salary and Benefits	Director of Clinical Services10	10,000
	FTE	
□b. Other Salary and Benefits		
☑c. Expense/Equipment/Travel/Supplies/Other	laptops for 4 clinicians @ \$750	8,760
	each, cell phone reimbursement	

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	for each clinician @ \$50/month, \$.54/mile with a total of 4,000 miles, staff development \$300/clinician	
☐d. Consultants/Contracted Services/Study		
Operational Costs:		
☑e. Salaries and Benefits	4 Licensed, clinical mental health counselors will provide trauma-informed counseling services for a period of 12 months to 30 impacted clients.	234,000
☐f. Expenses/Equipment/Travel/Supplies/Other		
☐g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
☐h. Construction/Renovation/Land/Planning Engineering		
TOTAL		252,760

- 14. For Fixed Capital Costs requested in Question 13, what type of ownership will the facility be under when complete?
 - **OFor Profit**
 - ONon Profit 501(c) (3)
 - ONon Profit 501(c) (4)
 - OLocal Government (e.g., police, fire or local government buildings, local roads, etc.)
 - OState agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
 - OOther (Please describe)

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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?

<u>Yes</u>

a. Please Describe:

Support from The Miami Foundation, United Way Miami, Marlins Foundation, the Greater Miami Jewish Federation, Thriving Mind, among other individuals and private family foundations have all been secured for our Surfside response initiative.

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

 No
- 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?
 - Licensed clinical mental health professionals will serve a total of 30 clients for a 12 month period providing one counseling session per week. The counseling session will be provided via a HIPAA compliant tele-mental health platform or in person, depending on client preference. Upon initial intake, the clinician and client identify a treatment plan with specific and individual goals.
- b. Describe the direct services to be provided to the citizens by the funding requested.
 - Trauma-informed mental health counseling services will be provided either via our HIPAA telemental health platform or in person. This will be dependent upon the client's request. Clients will receive mental health support for a 12 month period.
- 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

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☑Homeless	
□Development	ally disabled
□Physically disa	abled
□Drug users (in	n health services)
☑Preschool stu	dents
☑Grade school	students
☑High school st	tudents
☑University/col	llege students
□Currently or fo	formerly incarcerated persons
□Drug offender	rs (in criminal Justice)
□Victims of crir	me
☐General (The	majority of the funds will benefit no specific group)
□Other (Please	describe)
d. How many in th	ne target population are expected to be served?
O< 25	
⊙25-50	
O51-100	
O101-200	
O201-400	
O401-800	
O>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
□Improve physical health		
☑Improve mental health	Clients feel less overwhelmed through various crises' they face.	80% of clients will demonstrate a decrease in symptomology and
		report positive mental well-being.

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	This is assessed by the Children's
	Functional Assessment Rating
	Scale (CFARS) and Functional
	Assessment Rating Scale (FARS)
	for adults at the 6 month time
	frame and at planned discharge.
□Enrich cultural experience	
☐Improve agricultural production/promotion/education	
☐Improve quality of education	
☐Enhance/preserve/improve environmental or fish and wildlife quality	
□Protect the general public from harm (environmental, criminal, etc.)	
☐ Improve transportation conditions	
□Increase or improve economic activity	
□Increase tourism	
□Create specific immediate job opportunities	
☐Enhance specific individual's economic self sufficiency	
☐Reduce recidivism	
☐Reduce substance abuse	
□Divert from Criminal/Juvenile justice system	
□Improve wastewater management	

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□ Improve stormwater management	
□ Improve groundwater quality	
□Improve drinking water quality	
☐ Improve surface water quality	
□Other (Please describe):	