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PROGRAM DESCRIPTION

NETWORK PROVIDER PROGRAM DESCRIPTION

The Network provider shall prepare and submit the following proposed Program Description to Central Florida Cares Health System (CFCHS) for approval prior to the start of the contract period. Once a contract has been signed, the contractor shall prepare and submit a final version of the Program Description to CFCHS. Modifications to the program description will be resubmitted in accordance to the Program Description Guidelines.

Organizational Profile

(This includes the total operations of the organization providing the services. If the entity is the same as the provider/organization this will encompass the total agency. If the organization is a subdivision of a governmental or other umbrella organization, this will only include the subdivision/department that is administering the services.)

A. ORGANIZATION NAME:

(The legal name of the provider that will assume/sign the contract)

2-1-1 Brevard, Inc.

Subdivision/Department Administering Services (as appropriate):

B. ORGANIZATION ADDRESS:

PO Box 417
Cocoa, FL
32923-0417

Phone Number: 321.631.9290 Fax Number: 321.631.9291

Website Address: www.211brevard.org

Federal ID Number: 59-1897447 National Provider Identifier: 1700819091

C. ORGANIZATIONAL OFFICIALS AND OFFICERS

	NAME	EMAIL	PHONE NO/ EXTENSION
Board			
President/Chairperson:	Seth Riddle	sethr@sccu.com	321.752.2222 x9414
Chief Executive Officer:	Elizabeth (Libby) Donoghue	ldonoghue@211brevard.org	321.631.9290 x 202
Chief Operating Officer:			
Chief Financial Officer:			
Data Security Officer:			



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D. ORGANIZATIONAL CAPACITY

1. Annual Operating Budget:
(Include all revenue sources) \$ 623,492
2. Number of Employees N=18; FTE=13/14
3. Geographic area(s) served: Brevard County; Seminole County for CFL crisis hotline
4. Accreditations: Alliance of Information & Referral Systems; American Association of Suicidology
5. Major Funders:
(Circuits define "major") United Way of Brevard, CFCHS
6. Year of Incorporation: 1963
7. Corporate Mission Statement: 2-1-1 provides assistance & referrals in times of emotional, financial & community crisis.
8. Summary Description of Organization's Services:

2-1-1 Brevard's helpline specialists are available 24 hours a day to help people in crisis or struggling to respond to life's challenges. We provide crisis/suicide intervention and emotional support, help people clarify their problems & options & empower them with the information they need to make decisions for themselves & their families.
9. Chart of major organizational units: *(Attach as an exhibit to the Organizational Profile)*
10. Not-For-Profit Incorporation: *(Attach documentation of Not-for-Profit status)*

Inventory of Proposed Services

- E. Total Contract Funding Request:** \$ 206,889 through 6/30/14;
(Provide totals for each year of the contract) (CFCHS funding)



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F. Projected Numbers Served, By Target Population: NA – Telephone Crisis/I&R Service

Population	Total Number Contract Funded <i>(Includes: CFCHS, Medicaid, and Local Match funds)</i>	Number Contract Funded-Inpatient <i>(Includes: CFCHS, Medicaid, and Local Match funds)</i>	Number Contract Funded-Outpatient <i>(Includes: CFCHS, Medicaid, and Local Match funds)</i>	Number Contract Funded with Child Welfare Involvement <i>(Includes: CFCHS, Medicaid, and Local Match funds)</i>	Number Served by an Evidence Based Practice
Adult Mental Health					
Persons with Severe & Persistent Mental Illness					
Adults with Serious & Acute Episodes of Mental Illness					
Adults with Mental Health Problems					
Adults with Forensic Involvement					
Other Populations to be Served					
Children’s Mental Health					
Children with Serious Emotional Disturbance					
Children with Emotional Disturbance					
Children at Risk of Emotional Disturbance					
Other Populations to be Served					
Adult Substance Abuse					
Adults with Substance Abuse					
Other Populations to be Served					
Children’s Substance Abuse					
Children with Substance Abuse					
Other Populations to be Served					



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G. Service Delivery Sites for This Contract:

Site Address Contact Person (Name/Title) Phone # Fax # Email	Program	Cost Center	Service/ Organizational Program <i>FIS Program Only- Indicate number of Specialists</i>	Days/Hours of Operation	Population(s) Served <i>Both State categories & other population(s) served</i>	Facility Licenses <i>To be submitted with the Program Description</i>
1007 Pathfinder Way, Ste. 120 Rockledge, FL 32955	Telephone Helpline Services	I&R		24/7	Adults & children with behavioral health issues/concerns	NA
Libby Donoghue 321.631.9290 xt 202 tel 321.631.9291 fax ldonoghue@211brevard.org						

Indicate the number of beds contracted in your organization: NA – Telephone Helpline Services

	Crisis/ Emergency Beds (CSU and Detox)	Residential I and Short Term Residential	Residential II	Residential III	Residential IV	In- Patient
Adult Mental Health		Room and Board with Supervision Level 1: ____ Res only: ____	Room and Board with Supervision Level 2: Res only	Room and Board with Supervision Level 3: Res only		
Children's Mental Health		Room and Board with Supervision Level 1: Res only :	Room and Board with Supervision Level 2: Res only	Room and Board with Supervision Level 3: Res only		
Adult Substance Abuse		Room and Board with Supervision Level 1: Res only	Room and Board with Supervision Level 2: Res only	Room and Board with Supervision Level 3: Res only		
Children's Substance Abuse		Room and Board with Supervision Level 1: Res only	Room and Board with Supervision Level 2: Res only	Room and Board with Supervision Level 3: Res only:		



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(The following narratives shall describe the organizations approach to the delivery of care and the array of services that will be available through the funds allocated.) (Exhibit G)

H. Integration of Recovery and Resiliency Concepts

Describe the steps that the organization will take to integrate recovery and resiliency into service provision. Demonstrate how the organization will promote individual and family living, working learning and socializing. Discuss how the organization will employ person-centered language. Demonstrate how the organization will involve individuals and families in the planning, development and implementation and evaluation of all aspects of this service delivery system. Example: Peer Support

All helpline specialists receive 40+ hours training with a foundation of active listening and crisis intervention theory & practice and including the ASIST suicide risk assessment/intervention model. Specialists use holistic approach to help callers identify problems & options for addressing the problems & make referrals accordingly, taking into account existing caller supports such as families, faith networks, etc.

I. Individual and Family Participation Strategies:

Describe your agency's practices for individual and family participation.

See above

J. Agency Outcomes (Optional)

(This section gives the organization the opportunity to develop outcomes and measure their performance. If the organization develops performance measures, the measure(s) will not constitute a contractual obligation and will not be monitored. This does not take the place of the organization's requirements within the contract through Exhibit D.)

Please state two specific outcomes related to the proposed contract cycle.

1. Callers will feel they were understood & treated with respect.
2. Where available, callers will receive referrals appropriate to their needs.



PROGRAM DESCRIPTION

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Individual Completing the Document:


Name: Libby Donoghue
Title: Executive Director
Phone: 321.631.9290 xt 202 Fax : 321.631.9291
Email Address:
ldonoghue@211brevard.org

CHANGES MADE TO THE ORGANIZATIONAL PROFILE SHALL BE MADE WITHIN THE PROGRAM DESCRIPTION GUIDELINES AND REQUIRE THE SIGNATURE OF BOTH CENTRAL FLORIDA CARES HEALTH SYSTEM AND PROVIDER CONTRACT SIGNER OR THEIR DESIGNEE.

Central Florida Cares Health System

Date

Elizabeth Donoghue

 Digitally signed by Elizabeth Donoghue
DN: cn=Elizabeth Donoghue, o=2-1-1 Brevard, Inc., ou, email=ldonoghue@211brevard.org, c=US
Date: 2013.03.06 16:25:45 -05'00'

Subcontractor

Date