



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1818

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. Project/Program Description

Through a "wholistic" patient-centered approach, the Mental Health Association of Central Florida (MHACF) in Orange County aims to expand access to mental health care services for uninsured adolescent patients and their families at its Outlook Clinic. The expansion includes a full-time licensed mental health counselor for direct client treatments and full-time care manager to facilitate the recruitment and credentialing of additional volunteer mental health providers via the Volunteer Healthcare Provider (VHP) Program (MHACF is a contracted entity of the Florida Department of Health's VHP Program). The funding will allow for implementation of an array of mental and behavioral health services, in person or via telehealth. Upon intake, standardized screenings will be utilized to assess the patient's behavioral health needs and determine the appropriate level of care, including evidence-based and culturally appropriate therapies.

5. **State Agency to receive requested funds**

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	175,000
Fixed Capital Outlay	0
Total State Funds Requested	175,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	175,000	47%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	142,000	39%
Other	50,000	14%
Total Project Costs for Fiscal Year 2023-2024	367,000	100%

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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Yes

If yes, indicate the amount of funds received and what the funds were used for.

In August, 2021 \$25,000 of ARPA funding was received to support an adolescent suicide prevention program.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	(1) Licensed Mental Health Counselor or Licensed Clinical Social Worker specializing in adolescent behavioral care; (1) Masters level social worker for recruiting, orienting, training, and recognizing new behavioral care providers (LCSW, LMHC, LMFP, ARNP's, Psychologists and Psychiatrists) as active volunteers specializing in adolescent behavioral care therapies; and (1) Bachelors level social worker to provide case care management and scheduling for all patients.	175,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		175,000

14. Program Performance



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a. What specific purpose or goal will be achieved by the funds requested?

Through a wholistic" patient-centered approach, the MHACF aims to expand access to mental health care services, at it's Outlook Clinic, for uninsured adolescent patients and their families. The capacity expansion would include a full time licensed mental health counselor for Direct client treatments and a full-time care manager who would facilitate the recruitment and credentialing of additional volunteer mental Health providers, via the Volunteer Health care Provider Program, as the MHACF is a contracted entity with the Florida Department of Health's VHP program. Funding will allow for the implementation of an array of mental health services and treatment, either in person or via telehealth for uninsured adolescent patients. Upon intake, risk assessment screening tools will be utilized to assess the patient's behavioral health needs and determine the appropriate level of care and treatment at the clinic.

b. What activities and services will be provided to meet the intended purpose of these funds?

With the funding requested, the MHACF's Outlook clinic would have the opportunity for mental health treatment and services to hundreds of central Florida uninsured children. Utilizing evidence based and culturally appropriate interventions, to address the mental health needs identified, the building of an operational infrastructure of staff and volunteer mental health providers, clinical therapists and care coordinators uniquely qualified to address children's mental health would occur.

c. What direct services will be provided to citizens by the appropriation project?

The MHACF's Outlook Clinic will provide cognitive based mental health therapies, and medications when clinically appropriate, to uninsured adolescent patients, with care management to additional community support options. The goal of this program is to reduce baker acts, and hospital admissions and readmissions due to mental health crisis. The Care Management team will work to assess patients' clinical needs and treat them in an outpatient setting that is clinically indicated, safe and appropriate. An additional key component of the Outlook clinic adolescent program will be to connect the patient to Primary Care Access Network navigators to explore insurance options through the Affordable Care Act. Additionally, following patient discharge, the Care Management team will work to stay connected to the patient and family for at least 3 months post discharge to ensure they are connected to community-based resources and are receiving the mental health support they need.

d. Who is the target population served by this project? How many individuals are expected to be served?

The target population to be served by the project will be children and adolescent with poor mental health, at risk youth, middle and high school students. 201-400 individuals are expected to be served.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

The capacity expansion of the Outlook clinic to include adolescent mental health services for the uninsured will have a strong impact on the way in which adolescents in Central Florida access and receive mental and behavioral health care services. This will be measured by tracking the following:

Community:

- Decrease in emergency department visits for adolescent patients with mental health care needs;
- Decrease in number of adolescents hospitalized under the Baker Act.

Individual clients:

- Decrease in harm (i.e.; suicide attempts / aggressive acts);
- Improvement in core symptoms of condition they present with;
- Improvement in relationship with social contact;
- Improvement in school functioning.

For Patient:

- A PHQ-9 target goal of 50% reduction of Major Depressive Disorder or Anxiety Disorder in patients;
- A monthly patient no show/cancellation goal of less than 15%;
- A 85% satisfaction rate by patients indicating improved mental health.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?

Should the organization fail to meet deliverables the funds shall be returned to the state.

15. Requester Contact Information



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a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number