



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1644

1. **Project Title** 2. **Senate Sponsor** 3. **Date of Request** 4. **Project/Program Description**

To provide immediate access and same day mental healthcare to Indian River and surrounding counties. The walk-in and counseling center provides crisis intervention, risk assessments, and safety planning to persons of all ages for no charge. Removing the barriers to get help reduces the need for unnecessary involuntary hospitalizations, improves access to care, and helps alleviate the overall stigma associated with mental health. The center staffing includes registered mental health counselors, licensed clinical social workers, mental health counselors, masters level interns, psychiatrists, and psychiatric nurse practitioners. This is an educational site where training is provided for clinical staff and psychiatric staff.

5. **State Agency to receive requested funds** State Agency contacted? ☐ Yes ☒ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input type="text" value="300,000"/>
Fixed Capital Outlay	<input type="text" value="000"/>
Total State Funds Requested	<input type="text" value="300,000"/>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input type="text" value="300000"/>	<input type="text" value="100.0"/> %
Matching Funds		
Federal	<input type="text" value="00"/>	<input type="text" value="0"/> %
State (excluding the amount of this request)	<input type="text" value="00"/>	<input type="text" value="0"/> %
Local	<input type="text" value="00"/>	<input type="text" value="0"/> %
Other	<input type="text" value="00"/>	<input type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	<input type="text" value="300,000"/>	<input type="text" value="100"/> %

8. **Has this project previously received state funding?** ☐ Yes ☒ No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. **Is future-year funding likely to be requested?** ☒ Yes ☐ NoIf yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits	Salary support for clinicians, physicians, masters level interns, and psychiatric nurse practitioners in training.	300,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		300,000



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11. Program Performance

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

To address the shortage of mental health providers and psychiatrists and to provide access to mental health services to residents of Indian River and surrounding counties. This is also an educational site where training is provided to master's level social and mental health interns, master's students and psychiatric nurse practitioners (nurse practitioners are overseen by senior level medical staff).

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

Clinical care of patients/residents of Indian River and surrounding counties. 2) Training for students and master's level associates in mental health specialties and psychiatric nurse practitioners.

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

Clinical services to meet the demand for mental health treatment and screening services to residents of the service counties. Outpatient services including medication management, psychotherapy, case management, group therapy, and mental health screenings.

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

All residents including low income persons in need of mental and behavioral health treatment services in Indian River and surrounding counties. More than 1,150 (the center has over 9,500 clinic visits per year).

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

Children families and seniors have decreased mental and behavioral health issues. Measure using number of unique patients served in the fiscal year who received a mental health screening versus the number of those who received a screening and returned to receive intervention services.

- 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 in the contract?

Return of the portion of any funds for which performance standards are not met or deliverables are not received.



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12. 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.

N/A

13. Requestor Contact Information

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. 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

15. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.