



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1931

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

This funding will be used to support the Mental Health Counseling program at the LGBT+ Center Orlando and the LGBT+ Center Kissimmee for one year. The program compensates three Licensed Mental Health Counselors who work as part-time contractors providing more than 700 hours of free counseling annually.

5. **State Agency to receive requested funds**
- State Agency contacted?     Yes     No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="40,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
<b>Total State Funds Requested</b>	<b>40,000</b>

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 style="width: 80%;" type="text" value="40000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
<b>Matching Funds</b>		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>40,000</b>	<b>100</b> %

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 style="width: 80%;" type="text"/>				

9. **Is future-year funding likely to be requested?**     Yes     No
- If 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		<input type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study	Licensed Mental Health Counselors (independent contractors) 18 hours per week (\$42.70/hr x 18hrs x 52 weeks).	40,000
<b>Operational Costs: Other</b>		
Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		<input type="text"/>
<b>Total State Funds Requested (must equal total from question #6)</b>		40,000



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## 11. Program Performance

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

To provide free mental health counseling to central Floridians.

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

LMHC will provide 18 hours of free, confidential mental health counseling on a weekly basis. Clients can call ahead for an appointment or come in for a walk-in session with a counselor on Tuesdays or Fridays at the Orlando location and Fridays at the Kissimmee location. Appointments for individuals are one hour and 1.5 hours for couples.

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

Direct services include dedicated and confidential psychotherapy to work through issues such as depression, anxiety, intimate partner and family-related issues, etc. If necessary, after 3 free sessions, clients will be referred to a private practice for ongoing care.

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

The National Alliance on Mental Illness has several links to studies and services that support the need for Mental Health programs dedicated to LGBTQ+ individuals and communities. <https://www.nami.org/find-support/lgbtq>. While the LGBTQ+ Center serves predominantly LGBTQ citizens, all members of the community utilize mental health counseling. The Center sees several Pulse Nightclub shooting survivors. The Center offers both youth and senior programming.

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

Expected benefits include: (1) Increased client ability to recognize and respond to triggers of anxiety and depression; (2) Increased client awareness of factors contributing to interpersonal conflict and responding with effective problem solving; and (3) Reduced barriers to mental wellness by connecting at risk and economically disadvantaged individuals to case managers and social/support/recovery groups. Measurements include: 1) Pre/Post-counseling questionnaire (self evaluations); 2) Counselor observations; and 3) Amount of clients served.

- 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?

If contract performance is not adequate, the State of Florida may recoup funding or deny future requests.



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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.