



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1857

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Project is a Capital project building a mental health wing addition to an already active and highly successful free-clinic for the uninsured. Health and Hope operates fully via volunteer labor, fundraising, and healthcare donations (ie equipment from HCA, Baptist, Sacred etc). They have never asked for any reimbursement from the state and this is their first appropriation ask after years of service to the community. Health and Hope Clinic will offer mental health services (therapy and medication) to current clients, clients referred from substance abuse programs and the court system, and to other low-to-mid income families and individuals without access to medical care. Building will be 1500 sq ft. Insurance for Health and Hope Clinic active.

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	0
Fixed Capital Outlay	500,000
Total State Funds Requested	500,000

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)	500,000	64%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	90,000	11%
Other	200,000	25%
Total Project Costs for Fiscal Year 2023-2024	790,000	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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If yes, indicate the amount of funds received and what the funds were used for.

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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Construction of mental health wing as an addition to functioning health clinic-land owned, plans have been purchased, 3 builder quotes obtained, project shovel-ready.	500,000
Total State Funds Requested (must equal total from question #6)		500,000

14. Program Performance

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



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Supplement dire need for mental health services in tri-county area by building a community mental health clinic for the uninsured as an extension of an already successful free health clinic for the uninsured using \$0 Medicaid dollars with a goal of stabilizing community members, decreasing substance dependence & mental health issues, and improving daily functioning. Health and Hope always has a goal of getting their patients able to work, participate in the economy, and get insurance. Over 12k patient visits were executed last year without ANY cost to state. Clinic operates via volunteers (MDs, PsyDs, D.Min, CPhTs, DMDs) and contributions from local health practices, hospitals, and the community. Their work reduces ER/Baker Act visits and helps individuals solve problems before they become hospital or medical examiner issues.

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

Build mental health extension of free-of-charge Health and Hope Clinic to provide mental health counseling, medication management, and family counseling to uninsured residents of surrounding counties. Plans purchased, three builder quotes obtained, project shovel-ready.

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

Free of charge mental health counseling, family counseling, medication management with options for spiritual advisement. Resources provided for mental health, substance abuse, parenting, and family counseling.

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

Uninsured residents of general area from Escambia-Santa Rosa to Okaloosa-Walton who need mental health, substance abuse, or family dynamics support and may benefit from medication and therapy including, but not limited to: the elderly, unemployed, economically disadvantaged, college students, drug users, disabled or ill, formerly incarcerated persons, and victims of crime. At least 800-1,500+ expected to be served yearly.

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

Improve: physical and mental health, economic self-sufficiency, recovery post-crime or other trauma, family relationships decrease: substance dependence, overdoses via free Narcan and medication, mortality and self-harm, child abuse, divorce, crime, recidivism, homelessness, and voluntary unemployment. Health and Hope Clinic uses Athena Electronic Medical Records system which populates reporting data upon request.

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?

Contract cancelled. Funds revert to the state.

15. Requester Contact Information

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)



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- 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