



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1795

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Florida is facing a psychiatrist shortage. According to the Merritt-Hawkins White Paper Series, Florida ranks at the bottom for access to psychiatric services. Only 49% of the need for psychiatry is met by current clinicians in Florida. Funding for this program will hire two professionals to provide psychiatric services in Palm Beach and surrounding counties to those most in need, on a sliding scale for those who qualify. Clients will receive psychiatric and behavioral health services including medication management.

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

**State Agency contacted?**  No

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

Type of Funding	Amount
Operations	750,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>750,000</b>

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)	750,000	75%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	250,000	25%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>1,000,000</b>	<b>100%</b>

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23		998,400	372	No

9. **Is future funding likely to be requested?**  No

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?**

Yes



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

Received a total of \$89,660 in Covid 19 relief funding. Funds were used as follows: \$27,000 for Mental Health Counseling; \$29,111 for Employee Retention; and \$33,450 for Meals on Wheels.

## 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	2 professionals will provide direct psychiatry services.	750,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>750,000</b>

### 14. Program Performance

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

Florida is facing a psychiatrist shortage. According to the Merritt-Hawkins White Paper Series, Florida ranks at the bottom for access to psychiatric services. Only 49% of the need for psychiatry is met by current clinicians in Florida. Funding for this program will hire two professionals to provide psychiatric services to those most in need, and on a sliding scale for those who qualify. Clients will receive psychiatric and behavioral health services including medication management.



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

The Jewish Family Services Affordable Psychiatry program will provide psychiatric services to children, individuals, and seniors, who are experiencing a variety of issues such as depression, trauma, anxiety, etc. Treatment will be provided by trained professionals to improve client well-being and emotional stability.

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

Funding will provide psychiatric services to those in need, on a sliding scale for those who qualify.

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

The target population served by this project are residents of Palm Beach who are in need of affordable psychiatric services. Residents of Miami-Dade or Broward counties may be served virtually.

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

- Approximately 400 individuals will be served with evidenced based, psychiatric care.  
 -Number of clients, hours of services, and individual client goals will be tracked and monitored. Pre- and post-treatment evaluations will be administered at assessment, at regular intervals (either every 90 days or 6 months depending on required test), and at planned discharge. Tests may include PHQ9, GAD, CFARS/FARS, or CGAS, depending on client need.

**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?**

Penalties for not meeting the contracted deliverables may warrant decreased funding.

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



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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