



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1385

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

To provide mental health and addiction services to residents of Indian River and surrounding counties. This is also an education site where training is provided to medical students, residents (doctors who are in their first three years of practice, supervised by senior level medical faculty) and fellows (doctors who have completed three years of residency training and are pursuing an optional additional year of specialized training) for community psychiatry, psychology, and addiction specialties.

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

**State Agency contacted?**

6. **Amount of the Nonrecurring Request for Fiscal Year 2021-2022**

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>500,000</b>

7. **Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	19%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	100,000	4%
Other	1,964,925	77%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>2,564,925</b>	<b>100%</b>

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	250,000	376	No

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.**

Clinical collections from providing clinical services and donations from the community.

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.

The University of Florida Health Center for Psychiatry and Addiction Medicine received federal assistance of \$54,572 for salary expenses.

**11. 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	Salary support for clinicians, as well as, students, fellows and post-doctoral associates in training.	500,000
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>500,000</b>

**12. Program Performance**

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

To provide mental health and addiction services to residents of Indian River and surrounding counties. This is also an education site where training is provided to medical students, residents (doctors who are in their first three years of practice, supervised by senior level medical faculty) and fellows (doctors who have completed three years of residency training and are pursuing an optional additional year of specialized training) for community psychiatry, psychology and addiction specialties.

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

1) Training for medical students, residents, fellows and post doctoral associates in the mental health and addiction specialties. 2) Clinical care of patients/residents of Indian River and surrounding counties.

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

1) Clinical services to meet the demand for mental health treatment and addiction treatment services to residents of the service counties. 2) Outpatient services including medication management, psychotherapy, psychological testing and addiction treatment.

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

The target population is elderly persons, persons with poor mental health, persons with poor physical health, jobless persons, economically disadvantaged persons, at-risk youth, homeless, developmentally disabled, physically disabled, drug users (in health services), preschool students, grade school students, high school students, University/college students, currently or formerly incarcerated persons, drug offenders (in criminal justice), victims of crimes. The number of individuals expected to be served is greater than 800.

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



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1) Improve mental health of children, families and senior who have decreased mental and behavioral health issues. Measure using # of unique patients served in fiscal year who received a mental health screening vs. # of those who received a screening returned to receive intervention services. 2) Improve quality of education. There is a nationwide physician shortage and psychiatrists are the 2nd most in-demand specialty after the family physician. Our training program aims to increase the number of practicing clinicians in FL. Methodology 1) Increase number of doctors trained/entering practice 2) Increase number of doctors who practice in the State of Florida. 3) Reduce substance abuse amongst citizens in Indian River and surrounding counties. Methodology would be administrating periodic drug screens to use as comparison to # or % of negative screens of current patients being treated.

**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?**

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

**13. 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



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number