



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1503

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The COVID-19 pandemic and the resulting economic recession have negatively affected many peoples mental health and created new barriers for people already suffering from mental illness and substance use disorders and those being diagnosed for the first time.

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	750,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>750,000</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)	750,000	86%
<b>Matching Funds</b>		
Federal	120,000	14%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>870,000</b>	<b>100%</b>

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?

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



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#### 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	Behavioral Health Director / Psychiatrist (1 FTE)	187,500
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	These funds will allow us to expand the services we are offering by increasing staff, which will allow us to have capacity to increase visit availability. These visits will be conducted by Behavioral Health Provider(s): Nurse Practitioner (1 FTE), Licensed Clinical Psychologist (LCP) Master's Level Degree Therapist or Licensed Clinical Social Worker(1 FTE), Case Management (1 FTE) and Mental Health Admin Assistant (1 FTE)	250,000
Expense/Equipment/Travel/Supplies/Other	These expenses include building occupancy, communications, EHR expansion, training, local travel, client medications, and liability insurance.	262,500
Consultants/Contracted Services/Study	Consultant	50,000
<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>

#### 12. Program Performance

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

The allocation of these funds will help to increase the number of uninsured and medically under served patients that can be seen in our program. As a result of the COVID-19 pandemic and the resulting economic recession have negatively affected many peoples mental health and created new barriers for people already suffering from mental illness and substance use disorders. This program will minimize service gaps for our youth and adult population who may suffer from a variety of mental health issues.

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

We will use Collaborative Care Model, Integration of Mental Health, Substance Use, and Primary Care Services; and Screening, Brief Interventions, Referral to Treatment (SBIRT), all evidenced based practices. We will provide direct services to include individual and group therapy, case management, and family intervention. Expedited access to psychiatric and primary care treatment. Access to clinical staff, peer support and linkage to community resources. This program will minimize service gaps for our youth and adult population who may suffer from a variety of mental health issues.

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

We will provide Primary Care, Behavioral Health Services, Counseling in person and via telehealth for patients both youth and adults who are suffering from a variety of mental health issues. Additionally, these funds will help to cover the cost of their visit and any needed medications.

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



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The target population will be economically disadvantaged persons under 200% of poverty who have been affected by the COVID Pandemic and as a result they need mental health services and medications.

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

This program will minimize service gaps for our youth and adult population who may suffer from a variety of mental health issues. Screening tools like PHQ-9, GAD-7 and others as appropriate.

**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?**

Failure to meet performance measures or contract deliverables will result in corrective action plans and/or financial penalties.

**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