



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1435

1. Project Title Suicide Prevention: Creating Same-Day Outpatient Mental Health Service Access

2. Senate Sponsor Aaron Bean

3. Date of Request 11/13/2021

4. Project/Program Description

Funds will be utilized to reduce suicide deaths and attempts by providing same-day access to outpatient mental health services for people at high risk for suicide and family members concerned about the safety of a loved one. Same day services include crisis support/mental health recovery peer support and outpatient therapy provided by Here Tomorrow. Outpatient therapy is provided same-day or within one to two days with option for virtual or in-person therapy with State of Florida licensed therapist. The mission of Here Tomorrow is to transform lives by building a community where mental health care is acceptable and accessible. The program is designed to engage people who are at high-risk for suicide and have not yet decided to seek professional help. Since mental health conditions are typically chronic and require management over time, our program involves staying connected with the service recipients and families over the course of one year.

5. State Agency to receive requested funds Department of Children and Families

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

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

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	500,000	50%
Total Project Costs for Fiscal Year 2022-2023	1,000,000	100%

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 750,000

b. Describe the source of funding that can be used in lieu of state funding.

Private donors, corporate sponsorships, private foundations, local government, value-based health insurance plans, employer assistance programs.



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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

No

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

11. 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	Recovery Peer Specialists (4 full-time and 3 part-time) \$275,000; Director of Operations and Technology \$95,000	370,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Contracted Therapy Services \$130,000	130,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		500,000

12. Program Performance

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

Funds will be utilized to reduce suicide deaths and attempts by providing same-day access to outpatient mental health services for people at high risk for suicide and family members concerned about the safety of a loved one. Presently, citizens in a mental health crisis who are contemplating suicide and family members worried about the safety of a loved one have no place to turn for same-day real help and real support. Our mission is to transform lives by building a community where mental healthcare is acceptable and accessible.

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

Same day services provided are crisis support/mental health recovery peer support and outpatient therapy funded by Here Tomorrow. Outpatient therapy is provided same-day or within one to two days with option for virtual or in-person therapy with State of FL licensed therapist. When people enroll in our free service, they receive mental health support from a peer recovery specialist over the course of one year.

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

In the State of Florida, on average, people wait more than a month from the time they schedule an outpatient behavioral healthcare consultation to the day they walk in to that appointment. The intent of this project to fundamentally change this reality by providing same-day mental health support (a service provided by State of Florida certified peer recovery specialists) and access outpatient mental health treatment services within 1 to 2 days.

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 members of our community who are experiencing hopelessness who are at-risk for suicide and family members worried about the safety of a loved one in a mental health crisis or who may be at high risk for suicide. We expect to serve 2,100 people in FY 2022-23.



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

Suicide deaths and attempts will be prevented. When it is needed most, service recipients will receive same-day access to mental health support and outpatient mental health services.

Outcome Measures:

Total number of people who complete Here Tomorrow services divided by total number who enroll in services.

Total number of service recipients who report improved quality of life following receipt of Here Tomorrow services.

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?

The Department of Children and Families standard contract requirements are adequate.

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