



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2123

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

The Mental Health Association in Indian River County is a non-profit organization that has been providing services to residents of Indian River County and surrounding areas since 1978. MHAIRC is the only provider of free and same-day mental health screenings for residents in Brevard, St. Lucie, Okeechobee and Indian River Counties. The Walk-In and Counseling Center provides crisis intervention, risk assessments, and safety planning to persons of all ages and income levels on a walk in basis with no appointment necessary. The urgent mental health services at the Walk-In center stabilizes symptoms of patients who otherwise may have been Baker Acted, require hospitalization or other emergency services. Additionally, the center utilizes a therapy first model in addressing mental health needs in the community with providing a no-barrier approach. Additional services include therapy, psychiatric medication management, substance abuse, and wellness and support groups treatment.

5. **State Agency to receive requested funds**
- State Agency contacted?**  Yes

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

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 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	33%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	550,000	37%
Other	450,000	30%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>1,500,000</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	0	300,000	372	No

9. **Is future funding likely to be requested?**  Yes
- a. **If yes, indicate nonrecurring amount per year.**

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

Access to services would be limited to staffing abilities of current local funding sources.



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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.

PPP Loan was obtained in 2020 for salaries, rent, and utilities to keep the center open during the peak of the pandemic.

## 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	Provides qualified supervision and oversight for registered interns and various levels of postgraduate students.	80,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Maintains 2 Licensed Therapists and/or Registered Mental Health Screeners, 1 Psychiatric Provider, 1 Licensed Therapist with the addition of expanding the clinical staffing to support the needs in the community with 2 additional Registered Interns (paid) and 2 masters interns (unpaid).	420,000
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>

14. Program Performance



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

The goal is to meet the rising mental health needs of the community by providing immediate access to services and continued follow up care. Florida ranks 42nd in mental health workforce availability which is witnessed by individuals not being able to get necessary and timely appointments in the community. The MHA takes on interns from several accredited college Master's programs and hires Registered Mental Health Interns going for licensure to fill the community disparities. By being a training facility, MHA increases the workforce to provide providers staffing needs to improve the access to therapeutic prevention and intervention and addressing the gaps that currently exist in our communities.

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

Provide free, immediate, same day mental health screenings regardless of income and insurance as screening services are non reimbursable by insurance companies. Additionally, the funds will be able to increase therapeutic and psychiatric services to residents of Indian River and surrounding counties targeting the impoverished and Asset Limited, Income Constrained, Employed (ALICE) population including those individuals and families who are under 300% of the poverty level and have no insurance or lack access and ability to pay for mental health care.

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

Provide same day, walk-in mental health screenings free of charge which can include suicide risk assessments, violence risk assessments, safety planning, crisis support, and resource linkage. Focus on a therapy first model which promotes early intervention and prevention by providing therapy services, psychiatric care, support groups, community collaborations, and education. Adding the expansion of training and providing supervision of both Master's and Registered Interns with the focus on increasing skilled providers in the community.

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

The funds will be able to increase immediate and emerging mental health needs by providing screening, therapeutic and psychiatric services to residents of Indian River and surrounding counties targeting the impoverished and ALICE population (44%) (last reported 2020). In fact, 80% of MHAIRC clients are under 200% or below the poverty line. MHAIRC serves people of all ages and income levels, regardless if they are insured or able to pay. With additional funding, the MHAIRC will be able to serve a minimum of 15% additional patients and provide 2,000 more services to the community.

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

Having immediate access to mental health care provides timely prevention and intervention of symptoms exacerbating which could lead to a higher level of care. This includes: Baker Acts, incarceration, emergency room visits, or inpatient admissions. Increasing the availability of mental health professionals in the workforce to meet the needs that are increasing in communities with wait times that currently can be several weeks. By having same-day screenings, a cost-avoidance of \$3.48 million was produced. With additional funding, the MHAIRC will be able to serve a minimum of 1,400 patients and provide 1,700 additional hours of prevention and intervention services to the community.

**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 any portions of funds for which the performance standards are not met or deliverables not received.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. Recipient Contact Information**



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**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**

**17. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**