



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1417

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Jewish Family Services Affordable Psychiatry Access Program, a collaborative effort between three established agencies, aims to provide essential, affordable psychiatric care and clinical support services to uninsured and underinsured individuals in South Florida, bridging the critical gap in access to psychiatric services.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	1,075,000
Fixed Capital Outlay	0
Total State Funds Requested	1,075,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,075,000	80%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	270,000	20%
Total Project Costs for Fiscal Year 2024-2025	1,345,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	750,000	378	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.

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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We received a total of \$89,660 in Covid19 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
 N/A

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
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	Funding will hire professionals to provide direct psychiatry services and clinical support services including medical intake, quality assurance, etc.	1,075,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,075,000

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 Kaiser Family Foundation data on Mental Health Care Health Professional Shortage Areas (HPSAs), only 21% of psychiatric care need is being met in Florida. Funding for this program will hire 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.

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



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The Jewish Family Services Affordable Psychiatry program will provide psychiatric services to up to 480 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?

Psychiatric services will be provided to those in need, on a sliding scale for those who qualify. Psychiatric care will include medical intake process and clinical support services.

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

Approximately 480 uninsured, or underinsured individuals will be served. Target population will include: elderly, individuals with poor mental health, economically disadvantaged persons, adults, and or/ grade school, high school and university students.

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

80% of Clients who complete pre/post treatment evaluations will demonstrate an improvement in behavioral health. Approximately 480 clients will be served . Methodology: 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 will 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 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)

d. First Name **Last Name**



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e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number