



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1273

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. Project/Program Description

In the wake of the pandemic, the need for behavioral health services is more critical than ever before. As a result, providers of behavioral health treatment in our county are overwhelmed with requests for services, and many individuals in need are not being served in a timely fashion or at all. In order to help ameliorate this situation and meet the needs of the community, this project will provide prevention and early intervention services to children, adolescents, and adults across the community. We will also provide outpatient mental health and substance abuse counseling for uninsured individuals, who currently have the most difficulty accessing services. By increasing access to prevention and early intervention services and education, as well as outpatient treatment services, we will help reduce the need for more expensive higher levels of care such as crisis intervention, inpatient stabilization, and residential 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	625,000
Fixed Capital Outlay	0
Total State Funds Requested	625,000

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)	625,000	52%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	78,000	6%
Other	500,000	42%
Total Project Costs for Fiscal Year 2023-2024	1,203,000	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?** No

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?**



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Yes

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

PPP funds: \$611,200.00
 HRSA funds: \$20,624.00
 These funds were used to cover costs of salary and benefits for staff in order to maintain employment during the pandemic-related shut-down.

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Funds will be spent on supplies and materials needed to support the services provided; including pre- and post-tests, treatment supplies, outreach materials, supplies/food for community education events, mileage reimbursement for providers, publishing educational materials, purchasing mental health support aps on behalf of community members, renting space for community education events, running educational ads on electronic billboards, etc.	125,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Funds will be used to cover the cost of master's and doctoral level mental health clinicians to provide 4000 total hours of service at \$125.00/hour.	500,000
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)		625,000



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14. Program Performance

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

The goal of this project is to expand access to and provide education on mental health prevention and early intervention services for children, adolescents, and adults throughout the community, as well as to provide outpatient mental health and substance abuse counseling to the uninsured population of our county. Offering these services will help reduce the need for much more expensive higher levels of care such as crisis intervention, inpatient stabilization, and residential treatment.

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

We will provide prevention and early intervention services and education through multiple platforms and campaigns, including social media, for the whole community, as well as outpatient counseling for the uninsured population, totaling 4000 hours of service and outreach to approximately 500,000 individuals. Activities will include psychoeducation; mental health support; assistance with building skills such as coping skills, emotional regulation, healthy communication, and problem-solving; and outpatient treatment.

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

Direct services will include psychoeducation, skill building activities, mental health support, and outpatient mental health and/or substance abuse treatment, as well as education on this subject, to children, adolescents, and adults. Services can be provided as one-on-one meetings, as well as in family and group formats. Education will be provided in multiple campaigns, including social media and partnerships with local doctors offices and other community partners. When needed, services can be provided via a confidential telehealth platform.

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

The target population for prevention/early intervention is the Brevard County community as a whole (all ages). Total outreach will be approximately 500,000 people, which includes both outpatient counseling services to the uninsured in Brevard County and education outreach through multiple communication plans and platforms, including social media and community partnerships.

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

We expect to improve mental health/wellbeing and reduce substance abuse in our community by:

1. Improving community awareness/understanding of mental wellness strategies;
2. Improving community awareness/understanding of substance misuse and the connection between substance misuse and mental health challenges;
3. Addressing early signs of mental health difficulties/distress;
4. Improving healthy coping skills and resiliency; and
5. Reducing the need for referral to higher levels of care

We will measure these outcomes by:

1. Tracking the number of participants in community education events;
2. Completion of pre- and post-tests by those who receive education;
3. Completion of symptom checklists and drug/alcohol screeners by those who receive treatment; and
4. Tracking number of referrals to higher levels of care.

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?

If this project fails to meet the deliverables or performance measures required, the funds would be returned to the state.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address



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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

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number