



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1918

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

**4. Project/Program Description**

Funds will be utilized to expand services to reduce suicide deaths and attempts by providing same-day access to outpatient mental health services for teens (ages 13-17) and adults at high risk for suicide and family members concerned about the safety of a loved one. Same day services include crisis support, metal 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. 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 an entire year.

5. **State Agency to receive requested funds**

**State Agency contacted?**  No  Yes

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

Type of Funding	Amount
Operations	1,500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,500,000</b>

**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)	1,500,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,500,000	50%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>3,000,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  No  Yes

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	1,000,000	378	No

9. **Is future funding likely to be requested?**  No  Yes

a. **If yes, indicate nonrecurring amount per year.**

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, and employer assistance programs.



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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.

## 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Recovery peer specialists (18 full time, 6 part time) \$876,000. Director of Operations and technology \$100,000.	976,000
Expense/Equipment/Travel/Supplies/Other	Rent \$224,000.	224,000
Consultants/Contracted Services/Study	Contracted Therapy Services \$300,000.	300,000
<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>1,500,000</b>

14. Program Performance

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



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Funds will be utilized to expand current mental health services to additional geographic locations including Pensacola and Tallahassee. The funds will allow for expansion of services to reduce suicide deaths and suicide attempts for at risk adults and teens in two additional cities in Florida. This is done 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 health care is acceptable and accessible when a crisis occurs.

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

Here tomorrow will continue to provide same day services by certified peer recovery specialists and outpatient mental health therapy to individuals and families in crisis. Funds will allow for expansion to citizens in other parts of the state including Pensacola and Tallahassee. Outpatient therapy is provided same-day or within one to two days with options for virtual or in person therapy with a State of Florida licensed therapist. When individuals enroll in our free service, they receive mental health support from a certified recovery peer recovery specialist over the course of 1 year. Our peers are certified through the state of Florida's FCB (Florida Certification Board)

**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 health care consultation to the day they walk in to that appointment. The intent of this project is to fundamentally change this reality by providing same-day mental health support to citizens across the state of Florida. These direct services are provided by a State of Florida certified peer recovery specialists allow for access within 24 to 48 hours to outpatient mental health treatment by a licensed clinical therapist.

**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 adults and teenage age 13-17 in our community who are experiencing hopelessness and are at risk for suicide. In addition, family members in our community who are worried about the safety of a loved one in a mental health crisis or who may be at high risk of suicide are also served. Here Tomorrow will use the funds to increase the reach of the teen program and expand services to Pensacola and Tallahassee by providing in person certified recovery peer specialists in those 2 cities. We expect to serve over 2,500 people in the 2024-2025 Fiscal Year.

**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 (adults and teens) 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?**

Indemnity

**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



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#### 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