



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1984

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

**4. Project/Program Description**

This project is a continuation of the Thrive Within Program developed with 2023-24 state funding. It is designed to help ensure individuals in our community have timely access to mental health support, while also helping to ameliorate the current overload on the mental health system of care. This project will continue to provide prevention and early intervention services to children, adolescents, and adults across the community. We will also continue to 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 2024-2025**

Type of Funding	Amount
Operations	650,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>650,000</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)	650,000	51%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	72,522	6%
Other	550,000	43%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>1,272,522</b>	<b>100%</b>

8. **Has this project previously received state funding?**  Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	625,000	378	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.**
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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    
  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	Funds will be spent on supplies and materials needed to support the services provided; including treatment supplies, certification training, 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, and renting space for community education events.	200,000
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Funds will be used to cover the cost of master's and doctoral level mental health clinicians to provide 3,600 total hours of service at \$125/hour.	450,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0



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<b>Total State Funds Requested (must equal total from question #6)</b>	<b>650,000</b>
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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 continue improving access to mental health support by providing mental health prevention and early intervention services for children, adolescents, and adults throughout the community, while also continuing to provide outpatient mental health and substance abuse counseling to the uninsured population of our county. Offering these services will further 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 continue to provide prevention and early intervention services to the whole community, as well as treatment services for uninsured individuals, totalling 3600 hours of service. Activities will include mental health and substance abuse awareness training, support and psychoeducational groups, a 30-day mental wellness challenge, a phone helpline, mental health consultation, and aftercare.

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

Direct services will include mental health and/or substance abuse treatment, as well as training and consultation for the general public and for other professionals (school personnel, medical personnel, social services staff, etc.), support and psychoeducational groups for various populations, a phone helpline, a 30-day mental wellness challenge, and aftercare services.

**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
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
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