



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1392

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

4. **Project/Program Description**

The Mental Health Association in Indian River County (MHAIRC) 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, and Indian River Counties. The Walk-In and Counseling Center provides crisis intervention, risk assessments, substance abuse treatment, and safety planning to persons of all ages and income levels. The urgent mental health services at the Walk-In center stabilizes symptoms of patients who otherwise may have been Baker Acted or needed hospitalization or emergency room care.

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

6. **Amount of the Nonrecurring Request for Fiscal Year 2021-2022**

Type of Funding	Amount
Operations	300,000
Fixed Capital Outlay	0
Total State Funds Requested	300,000

7. **Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	300,000	22%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	788,343	56%
Other	310,000	22%
Total Project Costs for Fiscal Year 2021-2022	1,398,343	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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

11. 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	This appropriation would allow MHAIRC to hire 2 licensed and/or registered mental health screeners, 1 psychiatrist, 1 licensed therapist, and increase internships to Masters level students and nursing students.	300,000
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)		300,000

12. Program Performance

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

The goal is to meet the demanding needs of the community and increase the number of services the Mental Health Association Walk-In and Counseling Center can provide. As the only walk in center in the area, MHAIRC prevents unnecessary Baker Acts, psychiatric hospitalizations, and emergency room visits. MHAIRC's mission statement is to provide immediate access with no barriers to mental health care.

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

MHAIRC provides immediate and free mental health screenings, regardless of income. With these funds, MHAIRC will be able to increase therapeutic and psychiatric services to residents of Indian River and surrounding counties. Activities include community health workshops, support groups, wellness classes, veterans and first responders support groups, and a variety of individual sessions.

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

MHAIRC Walk-In & Counseling Center provides a therapy-first model, providing mental health screenings, risk assessments, crisis support, consultation and therapy services, and psychiatric care. MHAIRC treats depression, anxiety, Bipolar Disorder, trauma, co-occurring treatments with substance abuse, psychosis, adjustment disorders, personality disorders, and other mental health diagnoses.

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

MHAIRC serves people of all ages and income levels, regardless if they are insured or able to pay - 10.8% of Americans with mental illness are uninsured. With additional funding, the MHAIRC will be able to serve 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



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be measured?

The goal is to increase the number of patients the Mental Health Association Walk-In and Counseling Center can serve by 30% by hiring 2 licensed and registered mental health screeners, 1 psychiatrist, and 1 therapist or social worker. By hiring these additional professionals, MHAIRC would be able to add an additional 2,000 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 of the portion of any funds for which performance standards are not met or deliverables are not received.

- 13. 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.**

N/A



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number