



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1471

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Telemental Health services provided by licensed clinicians for residents across Miami-Dade to address mental illness with a goal of promoting emotional well-being to ensure self-sufficiency and employability of individuals impacted by the socio-economic and emotional trauma impacts of the pandemic. In addition to promoting independence from government subsidized services, clients who successfully complete their treatment plan can also provide support to unemployed family members.

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	315,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>315,000</b>

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)	315,000	26%
<b>Matching Funds</b>		
Federal	83,529	7%
State (excluding the amount of this request)	0	0%
Local	814,025	67%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>1,212,554</b>	<b>100%</b>

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.

At the present time, there is not 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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If yes, indicate the amount of funds received and what the funds were used for.

\$13,000 CARES Act for telemental health.

**11. 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	Clinical Director provides supervision to licensed clinical staff and manages the day to day operations of the Telemental Health practice.	25,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Three full-time licensed clinical mental health professionals, three part-time licensed telemental health professionals and 20% of the salary of a part-time psychiatrist to provide telemental Health services for clients requiring a psychiatric evaluation and on-going medication management follow-up.	275,000
Expense/Equipment/Travel/Supplies/Other	Six laptops, Doxy.me telemental health platform, continuing education for clinicians to meet licensure renewal requirements and maintain best practice standards.	5,000
Consultants/Contracted Services/Study	20% of a Quality Improvement and Control Consultant to ensure compliance with AHCA and best professional practices, and for tracking and reporting on treatment progress and outcome	10,000
<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>315,000</b>

**12. Program Performance**

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

Telemental Health services provided by licensed clinicians for residents across Miami-Dade to address mental illness with a goal of promoting emotional well-being to ensure self-sufficiency and employability of individuals impacted by the socio-economic and emotional trauma impacts of the pandemic. In addition to promote independence from government subsidized services, clients who successfully complete their treatment plan can also provide support to unemployed family members.

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

Telemental Health services will be provided by licensed clinicians that are skilled in trauma informed care to address the emotional care needs of individuals and families impacted by the Coronavirus pandemic.

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

Direct services to be provided are counseling and mental health therapy as well as medication maintenance supervision by a consulting psychiatrist and culturally competent multi-lingual licensed social workers and mental health counselors.

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

The target population for these funds is any individual in Miami-Dade county experiencing job loss, persons who are economically disadvantaged, persons of all ages with poor mental health, at risk youth, seniors at risk, and victims of crime. We anticipate serving 200-400 individuals.



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

A specific benefit of mental health counseling is emotional wellness that will allow for economic independence, self-sufficiency and avoiding reliance on government subsidized support for life-sustaining services. Client intake will determine needs of each service recipient and a treatment plan will be developed with specific goals for progress leading to emotional wellbeing. Progress will be tracked regularly by the mental health clinician to evaluate the effectiveness of treatment and to modify approaches tailored to the individual client or family participating in therapy.

**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?**

Failure to meet the Telemental Health deliverables will result in unemployment and underemployment among clients of all backgrounds to continue suffering from depression, and anxiety disorders without proper clinical care, and deteriorating health resulting in dependency on government for support. The failure to meet deliverables result in adverse effects on employability, and self-sufficiency of individuals and their ability to provide economic support for their families, as well as to further their dependency on taxpayer funding for sustenance.

**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