



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1976

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

During the COVID-19 pandemic, reports of depression and other mental health issues, intimate partner violence, and child abuse have increased. The Reinforce Resilience Program is a behavioral health initiative aimed at improving the mental well-being of individuals and families negatively impacted by COVID-19, by using cognitive behavioral therapy (CBT) to address mental health issues (e.g. anxiety, depression, suicidal ideation, etc.), improve coping skills, and build resilience in dealing with life's challenges.

Miami Beach Community Health Center (MBCHC) is a Federally Qualified Health Center (FQHC) which provides patients a patient-centered medical home with high quality, affordable primary health care and specialty services, chronic disease management, and support services in Miami-Dade County. Services include psychiatric, behavioral health, and substance use disorder treatment services.

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	441,978
Fixed Capital Outlay	0
Total State Funds Requested	441,978

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)	441,978	77%
Matching Funds		
Federal	133,022	23%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	575,000	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?

Yes

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

\$ 119,926 - FY 2020 Coronavirus Supplemental Funding for Health Centers
\$ 162,755 - Ryan White HIV/AIDS Program Part C EIS COVID19 Response
\$1,780,760 - Health Center Coronavirus Aid, Relief, & Economic Security (CARES) Act
\$ 880,939 - FY 2020 Expanding Capacity for Coronavirus Testing (ECT)

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	MBCHC is requesting 76.9% of one year of salary (\$290,000) and benefits for a psychiatrist and three Licensed Clinical Social Worker psychotherapists (at \$70,000 each) for a total of \$500,000. Benefits calculated at 15% of \$500,000 total annual salary equals \$75,000; 76.9% of \$575,000 is \$441,978.	441,978
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)		441,978

12. Program Performance

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

The purpose of the Reinforce Resilience Program is to improve the mental well-being of individuals and families negatively impacted by COVID-19 by using cognitive behavioral therapy (CBT) to address mental health issues, improve coping skills, and build resilience in dealing with living through a pandemic. The American Psychological Association describes CBT as "a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, [...], marital problems, eating disorders and severe mental illness" which "leads to significant improvement in functioning and quality of life. According to the County Health Rankings (2020), Miami-Dade County residents report an average of 4.2 "poor mental health days" in the past 30 days compared to 4.0 days for Florida overall. The COVID-19 pandemic has increased stresses on individuals and families and exacerbated people's existing mental health issues.

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



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MBCHC's Behavioral Health staff includes a psychiatrist, licensed psychologist, and three Licensed Clinical Social Worker (LCSW) psychotherapists. An initial evaluation will be conducted with the client to identify treatment areas and develop a treatment plan. Follow-up therapy sessions will be scheduled to address issues identified. Therapy consists of talking about factors having a negative impact on the client's life with a caring, objective person who can assist them in tapping into their inner strengths and developing new resources and coping skills. Behavioral health staff provide supportive therapy, crisis intervention, problem solving strategies, grief counseling, management of chronic illness, stress management/relaxation training, childhood behavior management strategies, how to deal with family and relationship issues, and client education. If necessary, psychiatric evaluation and medication management services are available both in person and via telemedicine.

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

Behavioral health services (psychiatric evaluation, cognitive behavioral therapy, and medication therapy management) will be provided by qualified providers in person or via telemedicine.

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

Low-income and uninsured individuals in Miami-Dade County. In 2019, 92.7% of patients were low-income with 80.3% having incomes below the Federal Poverty Guideline. More than a third (37.6%) of patients are uninsured. MBCHC expects to serve 2,500 individuals with this project.

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

The intent of this project is to mitigate the stressors associated with the challenges of living through and build resilience. The expected benefit is improved mental well-being of individuals and families served and the acquisition of coping skills leading to a reduction in negative behaviors such as intimate partner violence, child abuse, and substance abuse. "Self-efficacy refers to an individual's belief in his or her capacity to execute behaviors necessary to produce specific performance attainments (Bandura, 1977, 1986, 1997). Self-efficacy reflects confidence in the ability to exert control over one's own motivation, behavior, and social environment." The methodology to validate and quantify the outcomes is pre- and post-evaluations for depression, anxiety, and self-efficacy. These evaluations will be conducted before commencing, or at the beginning of, the treatment plan to determine the baseline values and periodically during the course of treatment.

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?

MBCHC does not suggest additional penalties beyond the standard penalties for failing to meet deliverables or performance measures provided for in the contract. MBCHC endeavors to meet all deliverables in funded projects.

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.

This request is not for fixed capital outlay funding.



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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