



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1835

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

## 4. Project/Program Description

In the wake of the pandemic, the need for behavioral health services is more critical than ever before. As a result, behavioral health treatment providers in Brevard County are overwhelmed with requests for services, and many individuals are not being served in a timely manner. In order to ameliorate the situation and meet the needs of the community, this project will provide a tiered approach to behavioral health support across the community.

Tier 1: Prevention/Community-wide Supports - includes community-wide awareness training and support both in person and via social media.

Tier 2: Early Intervention/Specific Population Supports - includes training for teachers, childcare workers, first responders, etc. on recognizing the signs of mental health difficulties; peer support training; critical incident debriefing, etc.

Tier 3: Treatment/Individual and Family Supports - includes mental health and substance use disorder treatment and therapeutic visitation.

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

## 6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	514,174
Fixed Capital Outlay	100,000
<b>Total State Funds Requested</b>	<b>614,174</b>

## 7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	614,174	67%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	300,000	33%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>914,174</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.



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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.

PPP funds: \$611,200. HRSA funds: \$20,624. These funds were used to cover costs of salary and benefits for staff in order to maintain employment during the pandemic-related shut-down.

#### 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	Full-time Project Manager	63,724
Other Salary and Benefits	Administrative support and oversight: 25% of Lifetime Counseling Center (LCC) Director, 15% of LCC Assistant Director.	44,967
Expense/Equipment/Travel/Supplies/Other	Registration, travel, and lodging associated with required meetings, training, and participation in train the trainer programs for the Project Manager, LCC Director, and LCC Assistant Director	10,000
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	2 Full-time Equivalents (FTEs) to carry out project tasks.	110,483
Expense/Equipment/Travel/Supplies/Other	Registration, travel, and lodging associated with required meetings and trainings for 8 clinicians; community training workshops (at least 2) and mental health awareness events (at least 2); sound equipment, furniture, and treatment supplies necessary to provide therapeutic visitation.	175,000
Consultants/Contracted Services/Study	Purchasing subscriptions for text-based mental health support program on behalf of indigent clients (at least 100); data collection/analysis to study the impact of this project; behavioral health/wellness campaign development and implementation.	110,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Build-out to develop two therapeutic visitation rooms with observation room in between, including sound-proofing and 2-way mirrors in walls between visitation rooms and observation room.	100,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>614,174</b>

#### 12. Program Performance

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

The goal of this project is to develop the infrastructure necessary for long-term community-wide behavioral health support to mitigate the effects of the pandemic. Using a tiered approach, we will provide broad-based prevention supports to all members of the community, early intervention supports to specific groups who are at risk for developing behavioral health difficulties (i.e., traumatized youth), and counseling services to individuals and families in need of behavioral health treatment.

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

Activities include advanced training for clinicians in Evidence-based Practices (EBP), participation in "train the trainer" programs, a build-out of specialized space for therapeutic visitation for foster children and their biological parents, and expansion of existing community-wide prevention tools.

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



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Tier 1 - Community-wide/Prevention: online mental health supports, community events, awareness/mental health literacy building.  
Tier 2 - Specific Population/Early Intervention: specialized training for teachers, childcare workers, first responders.  
Tier 3 - Individual & Family/Treatment: mental health counseling, substance use disorder treatment, therapeutic visitation.

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

Persons with poor mental health, persons with substance use disorders, economically disadvantaged persons, at-risk youth, children aged 0-5, community at large. Expected to serve 800 individuals.

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

#1 Improve Mental Health - Measures: Tier 1 - tracking the number of participants in community trainings/events; Tier 2 - completion of pre- and post-tests by those receiving training (teachers, childcare workers, first responders); Tier 3 - completion of industry standard mental health symptom checklists at beginning of treatment, every 90 days during the course of treatment, and at end of treatment.  
#2 - Reduce Substance Abuse - Measures: Tier 1 - tracking the number of participants in community trainings/events; Tier 2 - completion of pre- and post-tests by those receiving training (teachers, childcare workers, first responders); Tier 3 - On-site alcohol and drug-screening will be conducted at beginning of treatment, at random intervals during the course of treatment, and at end of treatment.  
#3 - Other/Improve Law Enforcement Interactions with Mentally Ill Citizens - Measures: Pre-tests/post-tests will be completed prior to training.

**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.

**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.**

While Lifetime Counseling Center currently occupies leased space, we are in the process of identifying a building to purchase. The build-out will take place in the building being purchased and, therefore, will be owned by the entity.



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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