



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1867

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

4. Project/Program Description

Brooks Rehabilitation Community Programs serve approximately 2,000 individuals with physical disabilities each year. Depression and mental health needs are prevalent in this population and they are often not able to access community counselors/services due to their unique needs. To serve those individuals, a dedicated mental health counselor is needed to increase the quality of life, address rehabilitation outcomes and provide support for a large number of individuals post stroke and brain injury. A mental health professional can address caregiver support and the impacts to the family system. Additionally, mental health support groups facilitated by mental health counselors, speech pathologists and students are needed at least weekly to address a range of common psychosocial issues such as communicating feelings, stress management, depression, self-confidence and relational connection.

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	425,000
Fixed Capital Outlay	0
Total State Funds Requested	425,000

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)	425,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	425,000	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.

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.

\$8.2 million. Funds were utilized for lost revenues, medical supplies, salaries and wages, COVID related facility renovations and other healthcare related expenses.

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	Salaries and benefits for program related costs.	301,650
Expense/Equipment/Travel/Supplies/Other	Operational expenses for programs.	123,350
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)		425,000

12. Program Performance

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

Brooks will hire and train up to five dedicated mental health professionals to work in the Brooks Brain Injury Clubhouse and the Aphasia Center to address the psychosocial needs of members including mental health awareness and provision of individual, couples, family, and group-based treatments driven by member-centered goals. The mental health professional would be a part of the interdisciplinary team to help coordinate each member's individualized care plan.

The mental health professionals will assist members and families to improve mental health outcomes, facilitate hope and independence in recovery, and self-advocacy for their full participation in all aspects of life.

The mental health professionals would be responsible for obtaining biopsychosocial assessments, conducting individual, couples, career and/or family counseling as needed, as well as develop and facilitate weekly support groups.

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

In addition to the individual sessions mentioned above, mental health counselors, speech pathologists and students will also collaborate to facilitate mental health support groups for participants in Brooks' Community Programs addressing a range of common psychosocial issues such as communicating feelings, stress management, depression, self-confidence and relational connection.

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

Specific mental health counseling services delivered in both individual and weekly group sessions to address the needs of those with physical disabilities.

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



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This project will address the needs of the nearly 2,000 individuals with physical or developmental disabilities who are served annually in the Brooks Community Benefit Programs, and specifically the nearly 125 individuals with Aphasia and depressive disorders.

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

Targeting interventions for people who are at risk for loneliness and depression may significantly decrease medical visits and health care costs (Gerst-Emerson & Jayawardhana, 2015), as well as reducing the potential onset of depression. Outcomes: Increased self-esteem, Better communication, Stress management, Decreased depression, and Improved relational connection. Aphasia friendly outcomes scales can be used such as, but not limited to: Assessment for Living with Aphasia (ALA); SADQ-10 Stroke Aphasia Depression Questionnaire and/or Aphasia Depression Scale (ADRS); plus, other informal methods.

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?

No additional penalties are suggested.

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