



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2788

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

4. **Project/Program Description**

Broward Community & Family Health Center (BCOM) will provide mental health services to eligible adolescent between the ages of 9 and 17. The TalkToSomeone @ BCOM will provide primary care, mental health screenings, counseling and therapy sessions. Through our integrated system of care as a designated Patient Centered Medical Home, BCOM will expand access to quality mental health services.

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

6. **Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	208,824
Fixed Capital Outlay	0
Total State Funds Requested	208,824

7. **Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	208,824	42%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	284,536	58%
Total Project Costs for Fiscal Year 2023-2024	493,360	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?**

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



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Received \$869,662 utilized for COVID testing, testing supplies and equipment, and personal protective equipment (PPE).

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

13. 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	Behavioral Health Therapist (LCSW) @ 60% Case Manager @ 50% Community Health Worker @ 100% The percentage reflects the salary expensed and time allotted to the project activities.	121,783
Expense/Equipment/Travel/Supplies/Other	Equipment = 1 laptop for community field activities; Local Travel = staff reimbursement for one (1) year for in-town travel to events at church/social service/after school programs, etc. to screen and educate adolescents; Supplies = office (education, client patient educational supplies). Communications = software license for worker's technological connectivity electronic health record system.	82,041
Consultants/Contracted Services/Study	Psychiatrist @ 5% The percentage reflects the salary expensed and time allotted to the project activities.	5,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		208,824

14. Program Performance



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

The goal is to identify youth at risk of behavioral health problems or may have a higher risk of developing a diagnosable mental health concern and address their needs.

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

Activities will include hosting and participating in youth events to conduct screenings, educate parents, legal guardians and youth in early identification and prevention of behavioral health challenges. Services will include primary care medical visits and mental health intervention to improve the recognition and treatment of psychosocial problems.

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

Direct services to be provided will include psychosocial therapy sessions, pediatric primary care services and case management by behavioral health team along with on-site psychiatrist to ensure timely intervention.

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

The target population served by this project will be 300 uninsured children and adolescents ages 9 to 17.

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

Effective screening for psychosocial functioning will increase early and timely behavioral health intervention. The Pediatric Symptom Checklist (PSC), a standardized tool, will be used to measure psychosocial functioning in children and adolescents. Early intervention will help to decrease untreated mental health problems and improve timely referrals for children in need. Performance will be measured by a number of completed screening tools, referrals to therapy by pediatrician and intervention therapy sessions conducted by behavioral health therapist.

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?

Penalty to be considered if failure to perform could be reduced payment.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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)



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- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number