



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1465

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The MHACF Seminole County Free and Charitable Mental Health Clinic aims to bridge the significant gap in access to mental health care for uninsured, underinsured, and economically disadvantaged individuals. The program will provide no-cost mental health services to meet the rising demand for mental health care and ensure underserved populations have access to timely and effective support.

The clinic will offer a wide range of mental health services, designed to address individual and community mental health needs.

The Goals and Objectives include:

1. Increase access to quality mental health care services for underserved populations.
2. Provide early intervention and reduce the severity of mental health crises.
3. Reduce reliance on emergency rooms and crisis response services by offering preventative care.
4. Educate the community on mental health awareness, reducing stigma and improving long-term outcomes.

5. State Agency to receive requested funds

State Agency contacted?  Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	250,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>250,000</b>

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	250,000	77%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	25,000	8%
Other	50,000	15%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>325,000</b>	<b>100%</b>

8. Has this project previously received state funding?  No

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future-year funding likely to be requested?  No

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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### Complete questions 10 and 11 for Fixed Capital Outlay Projects

**10. Status of Construction**

a. What is the current phase of the project?

- Planning    
  Design    
  Construction    
  N/A

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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

**11. 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.**

**12. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Administrative costs support the smooth functioning of the clinic and will include managerial, operational, and compliance-related expenses. Facility Rental and Utilities: \$25,000 Lease of clinic space: \$18,000 (estimated \$1,500 per month). Utilities (electricity, water, internet, phone services): \$7,000. Insurance and Licensing Fees: \$5,000 Professional liability insurance for clinical staff: \$3,000. General business insurance: \$2,000. Website development, brochures, and materials for ou	40,000
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		



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Salary and Benefits	<p>This category accounts for a significant portion of the operational costs, as the clinic will need qualified professionals to provide mental health services. These professionals will include licensed therapists, counselors, case managers, and administrative staff.</p> <p>Licensed Mental Health Counselors (1 Full-time): \$90,000            Salary: \$80,000 per counselor (Average salary based on experience and position).            Benefits: \$10,000 per counselor (Health insurance, retirement, and paid time off).            Case Man</p>	160,000
Expense/Equipment/Travel/Supplies/Other	<p>This category covers all necessary equipment to ensure the clinic operates effectively and provides professional mental health care services. Costs will vary depending on the scale of operations, but a general breakdown includes: Medical and Therapy Equipment: \$15,000.            Office furniture (desks, chairs, counseling room setup): \$5,000.            Therapy-related materials (books, tools for therapy, relaxation equipment): \$2,500. Medical equipment (blood pressure monitors, pulse oximeters for patient health).</p>	50,000
Consultants/Contracted Services/Study		0
<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>250,000</b>

### 13. Program Performance

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

The Mental Health Association of Central Florida is requesting \$250,000 in state appropriations to establish a new free and charitable mental health clinic in Seminole County, Florida. This clinic will provide critical mental health services to underserved populations, including individuals who are uninsured or underinsured. The funding will be used to cover initial start-up costs, including facility lease, medical and counseling equipment, operational expenses, and the recruitment of licensed mental health professionals and volunteers. The clinic's purpose is to address the significant gap in accessible mental health care within the community by offering free therapy sessions, psychiatric evaluations, crisis intervention, and support groups. This initiative aims to promote mental wellness, reduce emergency room visits for mental health crises, and improve the overall quality of life for Seminole County residents who are uninsured.

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

The \$250,000 state appropriation requested by the Mental Health Association of Central Florida will fund activities and services that address the mental health needs of underserved communities in Seminole County.

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

Direct services provided to the citizens of Seminole County will include:  
 Free individual counseling/therapy sessions for individuals struggling with depression, anxiety, trauma, and other mental health challenges.  
 Support groups for topics such as grief, stress management, addiction recovery, and social support.  
 Case Management that will assist clients in accessing local, state, and federal resources for mental health care, housing, food security, and employment.  
 Workshops and Seminars that focus on the education on mental health awareness, coping skills, and suicide prevention for individuals, families, and caregivers.  
 Specialized Programs for Vulnerable Populations that include Veteran Services with tailored mental health programs addressing PTSD, reintegration, and veteran-specific challenges. Youth Support programs that focus on Early intervention and counseling for adolescents facing bullying, family instability, or substance abuse.

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



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The project will serve uninsured, underinsured, and economically disadvantaged individuals in Seminole County, Florida, who face significant barriers to accessing mental health care. The clinic aims to serve approximately 1,200 individuals annually, with an initial goal of reaching 600–800 clients in its first year of operation as the clinic establishes its presence and operations.

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

The project aims to deliver measurable improvements in mental health access, treatment effectiveness, and community well-being for the uninsured. The anticipated benefits and outcomes include:

1. Increased Access to Mental Health Services
2. Reduction in Mental Health Crises at emergency departments
3. Enhanced Community Awareness and Education

The Methodology for Measuring Outcomes will include client demographics, service utilization, and retention rates through a centralized data management system as well as client surveys like the PHQ9 and the GAD7

**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 in the contract?**

1. Reduction or Withholding of Funds  
Withholding a percentage of the appropriated funds until specified deliverables or performance metrics are achieved. Gradual reduction of funding installments for future operational periods if key milestones are not met.
2. Performance Improvement Plans  
Requiring MHACF to submit and adhere to a formal Performance Improvement Plan (PIP) within a specified timeframe, addressing deficiencies and outlining corrective actions.
3. Termination of Contract or Funding  
Early termination of the contract if repeated failures to meet performance benchmarks are not resolved. Full or partial repayment of funds already disbursed if project goals or intended uses of funds are not fulfilled.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**  No

**a. If Yes, what phase best describes the project?**

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**



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**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):**

**17. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**18. 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**  **Ext.**

**19. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**



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c. E-mail Address

d. Phone Number

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*