



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2084

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

**4. Project/Program Description**

The Mental Health Association in Indian River County (MHAIRC) is a non-profit organization that has been providing services to residents of Indian River County and surrounding areas since 1978. MHAIRC is the only provider of free and same-day mental health screenings for residents in Brevard, St. Lucie, Okeechobee, and Indian River Counties. The Walk-In and Counseling Center provides crisis intervention, risk assessments, and safety planning to persons of all ages and income levels on a walk-in basis with no appointment necessary. The urgent mental health services at the Walk-In center stabilizes symptoms of patients who otherwise may have been Baker Acted, require hospitalization or other emergency services.

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	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>500,000</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)	500,000	25%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	816,250	41%
Other	680,120	34%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,996,370</b>	<b>100%</b>

8. **Has this project previously received state funding?**  Yes

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	500,000	372	No

9. **Is future-year funding likely to be requested?**  Yes

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

Access to services would be limited to staffing abilities of current local funding sources.



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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	Chief Clinical Officer (50% Salary) providing oversight/ supervision of students and registered interns.	47,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Maintains 2 Licensed Therapists and/or Registered Mental Health Screeners, 1 Psychiatric Provider, 1 Licensed Therapist, 4 Registered Interns (paid), and 2 masters interns (unpaid).	453,000
Expense/Equipment/Travel/Supplies/Other		0
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>500,000</b>

**13. Program Performance**

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

The goal is to meet the rising mental health needs of the community by providing immediate access to crisis/walk-in services and continued follow up care without barriers. To ensure immediate access and followup services which minimize the need for a higher level of care such as hospitalizations and incarcerations. Improve provider shortage by continuing to be a training facility for Master's students and Registered Interns working toward licensure.



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

MHAIRC provides the community with free and immediate mental health screenings/ crisis support in a walk-in model, and follow up care such as therapy, psychiatry, and support groups. Additional intervention services for youth include academic skill building and groups. The purpose is to divert baker acts and improve well-being by having accessible early intervention and prevention.

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

Provides the community a no barrier, therapy first model, providing immediate screenings, risk assessments, crisis support, consultation, therapy services, and psychiatric care. MHA provides and fills gaps in the community by providing community workshops, support groups, wellness classes, and veterans and first responders support groups.

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

The target population is anyone who is seeking mental health and/ or substance abuse help. Follow up care targets the uninsured and underinsured population under 300% of the poverty level that would not otherwise access the care that is needed to maintain their stability. Serving over 1,200 individuals and families annually, over 800 same day screenings/walk-ins annually, and over 8,000 therapy and psychiatry visits annually.

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

Individuals with various mental health and co-occurring conditions will reduce symptoms, improve functioning, and complete and/ or maintain highest level of care. They will self-report improvement and satisfaction of services as being helpful and meeting their needs. Providing same day access to the walk-in mental health screening/ crisis intervention services to prevent avoidable harm to self or others and prevent avoidable Baker Acts.

**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?**

Return portion of funds for which the performance standards are not met or deliverables not received.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**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#:**



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

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**



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a. Name	<input type="text" value="Claudia Davant"/>
b. Firm Name	<input type="text" value="Adams St. Advocates"/>
c. E-mail Address	<input type="text" value="claudia@adamsstadvocates.com"/>
d. Phone Number	<input type="text" value="(850)567-0979"/>

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