



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1485

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Behavioral and mental health issues are more common today than ever before. There are many factors that lead to the need for services for children and families. Some have been around forever – homelessness, childhood trauma, abuse and neglect, domestic abuse, addiction, incarceration – while the past couple years, COVID-19 has increased the trauma and stresses on families which resulted in an increase in domestic violence, child abuse, and social isolation. Children growing up in low-income families and communities are vulnerable to poor health and developmental outcomes. Heightened rates of poverty and related stressors are to blame and create repeated physiological and emotional disruptions that have life-lasting effects. The BHS program provides for the physical, developmental and emotional well-being of children/youth and families. Services are provided in home, community, in schools, and through Telehealth.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	150,000
Fixed Capital Outlay	0
Total State Funds Requested	150,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	150,000	11%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	212,666	15%
Local	916,132	64%
Other	149,768	10%
Total Project Costs for Fiscal Year 2024-2025	1,428,566	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?



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1485

Yes

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

PPP - \$495,897.00 - The monies were utilized for retaining staff, paying salaries & benefits.
 ERC - \$436,384.41 - The monies were utilized for paying salaries and benefits for unfunded positions.

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
 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?

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	7% of Clinical Director for Behavioral Health Services salary and benefits @ \$95,600 x .07% = \$6,692.	6,692
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	2 FTE's for Behavioral Health Therapists @ \$50,000 each = \$100,000; Benefits: FICA \$7,650; Workers Compensation \$928; SUTA \$34; Retirement \$5,000; Health Insurance \$23,206 = Total Benefits \$36,818.	136,818
Expense/Equipment/Travel/Supplies/Other	Cell Phones for two Therapists @ \$50 a month per Therapist = \$1,200; Electronic Health Record for two Therapists to document client contacts and therapeutic services @ \$53.75 per month per Therapist = \$1,290; Travel to schools, communities, collaborative partner agencies, and home visits for two Therapists @ \$2,000 per year per Therapist = \$4,000.	6,490
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1485

Total State Funds Requested (must equal total from question #6)	150,000
--	----------------

14. Program Performance

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

Children's Behavioral Health Services program provides individualized trauma-informed therapeutic care, family-driven services, and flexible treatment strategies for at-risk children, teens, young adults, and families. This program provides for the physical, developmental and emotional well-being of children and families with the goal of reduction in mental health symptoms of the children/youth/young adults served, allowing them to maintain school and home stability.

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

The following are the activities: Therapists will complete a bio-psychosocial assessment which will examine sociological and psychological aspects of each youth. In addition to the BPSA, other screenings will be completed to further address concerns of suicidality/homicidality. Initial treatment plan and treatment plan reviews, home/school/community visits as well as utilization of telehealth.

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

Direct services provided: Bio-psychosocial Assessment, Functional Assessment Rating Scale (FARS) or Children's Functional Assessment Rating Scale (CFARS), therapeutic groups, evidenced-based approaches to treatment - Trauma Focused-CBT, Cognitive Behavioral Therapy (CBT), Seeking Safety, Motivational Interviewing, Multisystemic Therapy, EMDR, Family Systems Therapy, Play and Sand Tray Therapy.

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

High Risk children/youth/adults still in school from ages five to twenty-two in need of therapeutic services, The following will be served: Economically disadvantaged persons, persons with poor mental health, at-risk youth, elementary, middle, and high school students. Youth in schools and in community will be served as well as youth involved in juvenile justice system as well as youth to prevent entering juvenile justice system. This program expects to serve 350 of the targeted population.

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

1. Outcome - Improve Mental Health - Methodology - Children/Youth/Adults (ages 5 to 22) enrolled in BHS program will change behaviors by demonstrating a reduction in mental health symptoms as measured by the Children's Functional Rating Scale (5-17) or Functional Assessment Rating Scale (18-22). 2. Outcome - Divert from Criminal/Juvenile Justice System - Methodology - Children/Youth/Adults enrolled in BHS program will prevent at-risk youth from offending or re-offending. Adult and Caregivers will receive education and interventions to increase awareness and coping skills. Measurement - Likert Scales and CFARS/FARS.

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?

The agency will provide a corrective plan of the agency's Performance Quality Improvement to ensure deliverables and performance measures adhere to the contract, and as part of the agency's national accreditation through the Council on Accreditation. If deliverables aren't met, funds will be returned to the State.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1485

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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number