



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3523

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The purpose of this project is to provide specialized therapeutic intervention and prevention services for youth with complex mental health needs. It will provide immediate access to direct clinical services in a brief intervention application and provide a prevention-focused education program for parents and caregivers to acquire skills-based strategies through education, consultation, and ongoing support from experienced clinicians, resulting in significant savings from more costly services, reduce recidivism, and offer an essential step in ensuring the success and well-being of Florida's future. Services include professional training and clinical supervision, development of education curriculum and design, therapeutic consultation and support, and community outreach to promote access to care and collaboration. Services also include therapeutic case management, specialized clinical services, including therapeutic and behavioral consultation.

5. State Agency to receive requested funds

State Agency contacted?  Yes

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

Type of Funding	Amount
Operations	665,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>665,000</b>

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)	665,000	79%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	180,000	21%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>845,000</b>	<b>100%</b>

8. Has this project previously received state funding?  No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future 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.

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.

Through December 2020, Devereux Advanced Behavioral Health Florida has received \$369,131 in CARES Act Funding to offset staff dedication and retention incentives, support for sign-on incentives to on board direct service providers to ensure appropriate staffing ratios throughout the pandemic, and COVID-19 expenses related to the provision of 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    
  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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Behavioral Services Director, Clinical Supervisor, Behavioral Analysts, Behavior Specialist, Therapist, Care Coordinator.	433,985
Expense/Equipment/Travel/Supplies/Other	Travel expenses, office equipment and supplies.	231,015
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>665,000</b>

### 14. Program Performance

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



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The purpose of this project is to provide specialized therapeutic services for youth with complex mental health needs. Immediate access to brief intervention/prevention-focused support will equip caregivers to address complex needs such as dual diagnosis of developmental disabilities and mental illness, and/or sexual exploitation. This project will ensure access to appropriate care, stabilize families, reduce recidivism, and promote the success and well-being of Florida's future.

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

Activities and services will include professional training and clinical supervision, development of education curriculum and design, therapeutic consultation and support, and community outreach to promote access to care and collaboration. Direct services will include therapeutic case management and specialized clinical services, including therapeutic and behavioral consultation.

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

Activities and services will include professional training and clinical supervision, development of education curriculum and design, therapeutic consultation and support, and community outreach to promote access to care and collaboration. Direct services will include therapeutic case management and specialized clinical services, including therapeutic and behavioral consultation.

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

The funding for this project will be directed in support of individuals with poor mental health, economically disadvantaged, at-risk youth, individuals with intellectual and developmental disabilities, victims of crime, and other members of our community's most vulnerable youth. Approximately 200 youth, and 450 family members of children, adolescents, and young adults with unique needs will be served.

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

The outcome of this project will be evident by the ration of youth served who maintained placement in the community, families supported and remaining intact, and feedback from participants served in the program through direct services and/or training will indicate prevention techniques successful per self-report.

**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?**

Performance objectives and quantifiable measures are currently in place, any penalty measures are welcomed if metrics and objectives are not met.

**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)



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- 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**