

### The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

**1. Project Title** Funding to Support Services For Dual Diagnosis (I/DD and Mental Health)

2. Senate Sponsor Linda Stewart

**3. Date of Request** 02/28/2023

#### 4. Project/Program Description

Specialized behavioral healthcare services are needed to support individuals with mental health disorders in combination with intellectual/developmental disabilities, identified as dual diagnosis. This project will provide a pilot program to deliver specialized mobile crisis response services, providing immediate access to critical support to deescalate dangerous situations while using safe and positive approaches. Support offered through this project will mitigate the need for more costly services, while providing supportive resources so that families remain intact and ensure placement is stabilized. Funding from the legislature for this project will support our most vulnerable citizens, strengthen families and promote wellbeing.

5. State Agency to receive requested funds

Agency for Persons with Disabilities

State Agency contacted?	Yes
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6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

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)	500,000	93%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	0	0%	
Local	40,000	7%	
Other	0	0%	
Total Project Costs for Fiscal Year 2023-2024	540,000	100%	

8. Has this project previously received state funding? Yes

Fiscal Year	Fiscal Year Amount Specific Veto				
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2022-23	0	500,000	243	No	

#### 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?

No



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No

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

Devereux Florida did not receive CARES funding, or any federal assistance related to the COVID-19 pandemic, in fiscal year 2022-2023.

### **Complete questions 11 and 12 for Fixed Capital Outlay Projects**

#### **11. Status of Construction**

- a. What is the current phase of the project?
  - OPlanning ODesign OConstruction
- 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	10% administrative overhead to include administrative support, human resources, quality management, risk management, information technology, finance and payroll, communications, training and development.	45,454
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Behaviorally trained on-call clinicians, portion of clinical coordinator and portion of program manager, training and outreach support position.	370,553
Expense/Equipment/Travel/Supplies/ Other	Occupancy, telephones, data lines, equipment rental maintenance, office supplies, travel, training materials and supplies.	75,993
Consultants/Contracted Services/Study	Consultant services with board certified behavior analyst for peer review, professional consultation for review of third party outcome study, development of impact report.	8,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	500,000

#### 14. Program Performance



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

The purpose of this program is to expand the capacity and quality of services to individuals with dual diagnoses, providing immediate access to treatment strategies designed to mitigate dangerous situations and reduce the need for more costly services, while providing resources strengthen families and promote well-being.

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

Treatment for individuals with Autism and related disorders requires care delivered by expert clinicians formally trained to deliver treatment based on behavioral principles. Services delivered through this project will include immediate access to specialized care, delivered on-site in the community where an individual may reside, attend school, work, or engage in community activities.

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

Direct services will be provided to address critical situations and provide ongoing support as indicated; a) provide timely, quality behavioral health crisis interventions/assessments, in the least restrictive environment; by expertly trained professionals focused on rapid crisis de-escalation and resolution in collaboration with families b) facilitate support and community integration through case plan development and linking family with support services and resources c) training and education for parents/caregivers and professionals, such as school personnel and medical staff.

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

The target population for those served through this project includes individuals with mental health disorders, combined with an intellectual/developmental disability, and those who are in need of critical crisis mental health services, provided by clinical experts proficient in the application of evidence-based interventions and supports. A minimum of 100 – 200 individuals will be served through direct therapeutic service delivery through this project, and an exponential number of individuals served through consultation and support, including support provided post services to sustain progress achieved.

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

#### be measured?

The intended benefit of this project is to reduce incidents resulting in self-injurious physical harm and harm to others, while also minimizing hospitalizations and the need for more costly services. The performance of this project will be measured by the provision of highly specialized services that result in crisis de-escalation and placement stabilization as well as the number of individuals served, and the frequency of services and support provide to the community.

# 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 metrics and evaluation are established, any penalty measures are welcomed if metrics and objectives are not met.

#### **15. Requester Contact Information**

a. First Name	Lindsey	Last Name	Phillips
b. Organization	Devereux Advanced Behavioral Health Florida		
c. E-mail Address	Lindsey.phillips@devereux.org		
d. Phone Number	(407)421-0867	Ext.	
Paginiant Contact Information			

#### 16. Recipient Contact Information

b. Municipality and County Statewide

c. Organization Type



LFIR # 2525

Ger Profit Entity				
☑Non Profit 501(c	:)(3)			
□Non Profit 501(c	:)(4)			
Local Entity				
University or Co	llege			
□Other (please specify)				
d. First Name	Lindsey	Last Name	Phillips	
e. E-mail Address	Lindsey.Phillips@devereu	ix.org		
f. Phone Number	(407)421-0867			
17. Lobbyist Contact Information				
a. Name	Christopher L. Carmody			
b. Firm Name	GrayRobinson PA			
c. E-mail Address	chris.carmody@gray-robi	nson.com		
d. Phone Number	(407)843-8880			