



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1251

1. **Project Title** Dual Diagnosis Services: Mental Health and Intellectual/Developmental Disabilities2. **Senate Sponsor** Linda Stewart3. **Date of Request** 10/23/20194. **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 well-being.

5. **State Agency to receive requested funds** Department of Children and FamiliesState Agency contacted? ☒ Yes ☐ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	666,713
Fixed Capital Outlay	000
Total State Funds Requested	666,713

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	666,713	92.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	61,000	8 %
Total Project Costs for Fiscal Year 2020-2021	727,713	100 %

8. **Has this project previously received state funding?** ☐ Yes ☒ 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?** ☐ Yes ☒ No

If yes, indicate nonrecurring amount per year.



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10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
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	63,156
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
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	446,771
Expense/Equipment/Travel/Supplies/Other	Occupancy, telephones, data lines, equipment rental maintenance, office supplies, travel, training materials and supplies	105,918
Consultants/Contracted Services/Study	Board Certified Behavior Analyst, independent outcome study	50,868
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		666,713



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11. Program Performance

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, 24 hours a day, 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.

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 in the contract?

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



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12. 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.

N/A

13. Requestor Contact Information

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. 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

15. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.