



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1542

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

In 2018, Flagler Hospital, Inc. launched BRAVE ( Be Resilient And Voice Emotions), a youth mental health program to break down mental health stigma and to ensure that all students and families have access to mental health services. Using a HUB model and a unified assessment, BRAVE serves as the HUB for behavioral health service referrals for all schools in St. Johns, Clay, Putnam and Nassau counties. By receiving referrals directly from the Multi-Tiered System of Support (MTSS) the BRAVE program screens families for the most appropriate behavioral health services and links each family to one of our behavioral health partners for immediate connection to services and continue to support the family throughout treatment, for a minimum of 8 visits. This funding will allow the program to expand to serve all 67 counties in Florida, expanding access for over 2.7 million students.

5. State Agency to receive requested funds

State Agency contacted?  No

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	3,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>3,000,000</b>

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	3,000,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>3,000,000</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?  Yes

a. If yes, indicate nonrecurring amount per year.

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

Public private partnerships; Local Government support; Philanthropy

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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No

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

**11. 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	Medical Director- \$240,000 + benefits at 25%= \$300,000 State Director- \$120,000 + benefits at 25% = \$150,000	450,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Regional Program Manager (3)- \$80,000 + benefits at 25% = \$100,000 BRAVE Care Navigator (20)- \$48,000 + benefits at 25% = \$60,000	1,500,000
Expense/Equipment/Travel/Supplies/Other	SDoH Support Fund- \$200,000 Marketing/ Outreach- \$100,000	300,000
Consultants/Contracted Services/Study	Electronic case management/referral/billing platform	750,000
<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>3,000,000</b>

**12. Program Performance**

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

This funding will provide for statewide expansion of the BRAVE (Be Resilient and Voice Emotion) Program.

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

BRAVE will expand existing capacity to serve all 67 Florida counties. This will be accomplished with the addition of 20 BRAVE Care Navigators, 3 Regional BRAVE Managers, 1 State Director and a Medical Director. In addition to providing behavioral health navigation services to students and their families, Regional BRAVE Managers will be lead the development of high-performing behavioral health provider networks in each respective region.

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

Provide a Single point of access to connect with youth behavioral health services; Social health needs assessment and behavioral health provider eligibility screening; Care Navigation to support family/youth during process of identifying and establishing relationship with behavioral health provider.

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

The BRAVE Program supports students between Kindergarten to Grade 12. With an average referral rate of 1.6% and 2.8 million students in Florida, this expanded program is expected to serve 44,000 students.

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



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\* Increase number of students identified (in school) with a behavioral health need that receive at least 1 visit with a behavioral health provider. TARGET= 90%\* Decrease the length of time between identification of behavioral health need and first appointment with behavioral health provider. TARGET= 50% within 14 days, 90% within 30 days. The BRAVE program utilizes an electronic case management/ referral tool to support the coordination of clients. All stakeholders, including the client, have access to the system and are required to input standard data elements. This data is analyzed on a weekly basis at the County/ Regional/State levels to identify trends and performance.

**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?**

If the deliverables and performance measures are not being met, the contracting agency could consider financial penalties during the invoicing process or, if appropriate, reallocation of funding.

**13. 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



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number