



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1179

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This Community Crisis Prevention Team program fills a gap in the community system of care by providing immediate access to crisis services and expedited access to care. The program provides community-based services to priority populations including individuals with serious mental illnesses and parents involved with the dependency system.

5. State Agency to receive requested funds

State Agency contacted?  Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>500,000</b>

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	79%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	130,181	21%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>630,181</b>	<b>100%</b>

8. Has this project previously received state funding?  Yes

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	500,000	377	No

9. Is future-year 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.

This is a community-based service that does not meet requirements to be reimbursed by traditional funding sources such as Medicaid, Medicare or commercial insurance. In the absence of this state funding, funding would need to be obtained through fundraising efforts within our community to preserve this effort.



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## Complete questions 10 and 11 for Fixed Capital Outlay Projects

### 10. 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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

### 12. 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	Executive Director, Program Manager ACAP, Program Manager IFS	58,318
Other Salary and Benefits	Benefits: Executive Director, Program Manager ACAP, Program Manager IFS	14,579
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	1.0 FTE Masters Level Therapist, 1.0 FTE Crisis Alternative Program Coordinator, 4.5 FTE Diversion Specialists, 1.0 FTE Family Intervention Specialist, 0.50 Team Administrative Assistant	319,269
Expense/Equipment/Travel/Supplies/Other	Includes building occupancy, communications, EHR access, training, local travel, office supplies, client food for 24 hour crisis facility, client incidentals, agency liability insurance, urine drug screens, outreach literature and marketing supplies, and indirect administrative oversight.	107,834
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>500,000</b>

### 13. Program Performance

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



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Project provides increased access to services to priority populations as defined in F.S. 394-674 and fits with the statewide effort to keep individuals with severe mental illnesses in the community. Services include evidence based, trauma informed care and will be cost effective and efficient. Early access to care in a mental health crisis reduces the need for more costly and intensive services. Providing services to parents with substance abuse disorders helps maintain families and keeps children safe.

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

The model is recovery based and utilizes evidence based practices. Direct services include individual and group therapy, case management, family intervention and 24-hour crisis intervention. Expedited access to psychiatric and primary care treatment. Support services and ongoing supervision in a community setting. Access to clinical staff and peer support. Ongoing advocacy, progress monitoring and linkage to community resources.

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

Citizens served by this project receive recovery based services through evidence based practices. Direct services include individual and group counseling, case management, family intervention, peer support and 24-hour intervention and crisis support. Individuals served have expedited access to psychiatric and primary care treatment. Services are available in a home like community setting with ongoing support. Persons served have access to clinical staff and peer support specialists, as well as a client run drop-in center. These intensive direct services offer an alternative to more intensive, restrictive and costly treatment services such as hospitalization or CSU. Treatment planning, progress monitoring, advocacy, discharge planning, relapse prevention planning, support network development and aftercare are all part of the process.

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

Participants will be priority populations as identified in FS 394.674, and will also include persons with poor physical health and economically disadvantaged persons. Expected performance measures include serving 200 individuals in the region

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

Treatment is provided in a cost effective and efficient manner. The model is recovery based and utilizes evidence based practices. Outcome performance measures include the goal that 95% of individuals receiving services will not require a higher level of care within 30 days of admission, that 90% of referred individuals will successfully engage in Substance Abuse Treatment Services, and that 100% of referrals will access services within one day of referral. Outcomes will be tracked and reported quarterly. Goals have been met and/or exceeded for all previous funding years.

**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?**

Failure to meet performance measures or contract deliverables may result in a corrective action plan and/or financial penalties.

14. Is this project related to mitigation, response, or recovery from a natural disaster?  No

**a. If Yes, what phase best describes the project?**

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

15. Has the entity applied for or received federal assistance for this project?



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- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

#### 17. Requester Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 18. 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



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University or College

Other (please specify)

d. First Name  Last Name

e. E-mail Address

f. Phone Number  Ext.

#### 19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*