



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1823

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. Project/Program Description

This appropriation request will serve to provide additional funding that will expand the case management services provided and prioritize an enhanced training program designed to further equip staff of the Miami-Dade County's Center for Mental Health and Recovery with the necessary skills for effective crisis management, case management, and de-escalation. This project will afford the opportunity to subcontract additional specialists to link clients with available resources aimed at improving their mental health and economic self-sufficiency. The Center operates on a unique one-stop model aiming to curb the economic and social burdens arising from individuals cycling through the criminal justice system and constantly caught in unwanted cycles of incarceration due to severe mental health and co-occurring substance use disorders thereby reducing this recidivism. The Center will showcase the "Miami Model" for comprehensive behavioral health treatment .

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	230,000
Fixed Capital Outlay	0
Total State Funds Requested	230,000

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)	230,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	230,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	460,000	100%

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

a. If yes, indicate nonrecurring amount per year.

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



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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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	An additional \$30,000 will allow for more expansive training options to be provided to case management and related personnel to be subcontracted through The Advocate Program, Inc.	30,000
Consultants/Contracted Services/Study	The approximate cost for the subcontractor of three (3) additional case management specialists through the Center's case management system provider, The Advocate Program, Inc. (\$150,000). The remainder of requested funding will serve to prioritize an enhanced training program designed to further equip staff of the with the necessary skills for effective crisis management, case management, and de-escalation techniques.	200,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		230,000

13. Program Performance

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



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The Center operates on a unique one-stop model aiming to curb the economic and social burdens arising from individuals cycling through the criminal justice system and constantly caught in unwanted cycles of incarceration due to severe mental health and co-occurring substance use disorders thereby reducing this recidivism. The Center will showcase the "Miami Model" for comprehensive behavioral health treatment at home and abroad and would currently be the only one of its kind in the country.

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

The funds will serve to expand the capacity of the Center's integrative case management system and improve the training of such personnel so as to improve their effectiveness. Integrative case management is the process of providing linkages to care and resources out in the community so that clients can undergo a warm hand-off when they leave the Center and are provided a base to achieve and sustain increased levels of economic self-sufficiency and mental health. This process is customized to the needs and situation(s) of each client, a currently understood best practice in behavioral health.

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

The repeatedly justice-involved individuals that find themselves caught in a cycle of incarceration result in a socio-economic burden to the taxpayers of Miami-Dade County. Through the Center, these individuals will be provided direct medical services aimed at assisting them in recovering from their disorders and facilitating the improvement of their economic self-sufficiency to prevent their relapsing into the cycle of incarceration, mental health deterioration, and/or addiction.

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

The initial phase of the Center's programming, of which this appropriation request is being sought for, will serve the population of justice-involved individuals repeatedly getting caught in an unwanted cycle of incarceration due to severe mental health and co-occurring substance misuse or related disorders.

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

The expected outcome of the implementation will be targeting the unmet needs of a target population resulting in significant socio-economic costs to Miami-Dade County and the relieving of the malaises brought to South Florida's many communities by homelessness, the Opioid Overdose Epidemic, and the gaps in the treatment and medical infrastructure leading to accessibility issues in treating mental health and co-occurring disorders.

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 deliverables will result in nonpayment.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

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?

- Yes, Applied
- Yes, Received



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- 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
- University or College
- Other (please specify)



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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.