



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2544

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 connection to behavioral health services throughout the state of Florida. BRAVE has access points within schools, behavioral health agencies, and community access points. BRAVE receives 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 continues to support the family throughout treatment, for a minimum of 6 visits. This funding will allow the program to continue to expand to serve all 67 counties in Florida, expanding access for over 2.8 million students.

5. **State Agency to receive requested funds**
- State Agency contacted?** Yes No

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

Type of Funding	Amount
Operating	3,000,000
Fixed Capital Outlay	0
Total State Funds Requested	3,000,000

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)	3,000,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	3,000,000	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		
2023-24	0	7,925,000	378	No

9. **Is future-year funding likely to be requested?** Yes No

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



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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	Network and Expansion Lead (2) + 25% fringe = \$60,000 BRAVE Regional Supervisors (3) + 25% fringe = \$100,000 BRAVE Community Health Associates (50) + 25% fringe = \$1,080,000 BRAVE Team Leads (6) + 25% fringe = \$180,000 BRAVE Clinicians (3) + 25% fringe = \$100,000 Mental Health Co-Responder Care Coordinator (1) + 25% fringe = \$40,000 BRAVE Administrative Support (1) + 25% fringe = \$20,000 Manager of Operations (.5) + 25% fringe = \$20,000	1,600,000
Expense/Equipment/Travel/Supplies/Other	Marketing and outreach = \$100,000 BRAVE Summit = \$240,000	340,000
Consultants/Contracted Services/Study	Electronic case management/referral/billing platform = \$1,000,000 Other Purchased Services = \$60,000	1,060,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		3,000,000

13. Program Performance



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

This funding will continue to provide for the statewide expansion and sustainability 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 continue to serve all 67 Florida counties. This will be accomplished with the existing staff structure put in place last fiscal year in addition to, 10 new BRAVE Community Health Associates, an added Network and Expansion Lead, 5 BRAVE Clinicians, BRAVE Administrative Support person and the addition of 1 Co-Responder. In addition to providing behavioral health navigation services to students and their families, Regional BRAVE Supervisors will lead the continued development and maintenance 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. BRAVE Clinicians will be able to provide counseling services to help fill gaps in areas where there are a lack of service providers. The Co-responder will start working in St. Johns County to provide additional supports to those who need a higher level of behavioral healthcare.

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 2% and 2.8 million students in Florida, this expanded program is expected to serve 56,000 students and families.

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

1. 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%
 2. 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.
 3. Maintain a program average of 7% or lower no-show rate for behavioral health appointments.
 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 in 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.

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?



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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.