



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2591

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This project is a continuation and expansion of the Thrive Within Program. It is designed to help ensure individuals in our community have timely access to mental health support, while also helping to ameliorate the overload on the mental health system of care. This project will continue to provide prevention and early intervention services to children, adolescents, and adults across the community. We will also continue to provide outpatient mental health and substance abuse counseling for uninsured individuals, who currently have the most difficulty accessing services. By expanding access to prevention and early intervention services and education, as well as outpatient treatment services, we will continue to reduce the need for more expensive higher levels of care such as crisis intervention, inpatient stabilization, and residential 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	650,000
Fixed Capital Outlay	0
Total State Funds Requested	650,000

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)	650,000	52%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	68,800	5%
Other	550,000	43%
Total Project Costs for Fiscal Year 2025-2026	1,268,800	100%

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	650,000	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.

Philanthropic and Charitable donations.



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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	Supplies and materials needed to support the services provided; including treatment supplies, certification training, outreach materials, consultants/contracted services, supplies/food for community education events, mileage reimbursement for providers, publishing educational materials, and renting space for community education events.	150,000
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Master's and doctoral level mental health clinicians to provide 4,000 total hours of service at \$125.00/hour.	500,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		650,000

13. Program Performance

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



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The goal of this project is to continue expansion of the Thrive Within program that provides prevention and early intervention services to individuals of all ages throughout the community, as well as to provide outpatient mental health and substance abuse counseling to the uninsured population of our county. Continuing to offer these services will further reduce the need for much more expensive higher levels of care such as crisis intervention, inpatient stabilization, and residential treatment.

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

We will continue to provide/expand prevention and early intervention services throughout the community, as well as providing treatment for uninsured individuals, totalling 4000 hours of service. Activities will include mental health/wellness training, psychoeducational groups, a 30-day mental wellness challenge, and expansion of our Thriving Community training/support program.

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

Direct services will include mental health and/or substance abuse treatment, as well as training for the general public and for other professionals (school personnel, medical personnel, social services staff, etc.), psychoeducational groups for various populations, a 30-day mental wellness challenge, and a specialized Thriving Community training/support program for the general public.

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

The target population for prevention/early intervention is the Brevard County community as a whole (all ages). Total reach will be at least 500,000 people, which includes outpatient counseling services to the uninsured in Brevard County, education/early intervention for Brevard and surrounding counties through multiple communication platforms, including social media, in-person and virtual training, in-person psychoeducational groups, and community partnerships.

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

We expect to improve mental health/wellbeing and reduce substance abuse in our community by:

1. Improving community awareness/understanding of mental wellness strategies
2. Improving community awareness/understanding of substance misuse and the connection between substance misuse and mental health challenges
3. Addressing early signs of mental health difficulties/distress
4. Improving healthy coping skills and resiliency
5. Improving the ability of individuals to help one another
6. Reducing the need for referral to higher levels of care

We will measure these outcomes by:

1. Tracking the number of participants in community education/training events
2. Completion of pre- and post-tests by those who receive education
3. Follow up interviews with participants in training and psychoeducational groups
3. Measurement-based care protocols completed by those who receive treatment
4. Tracking number of referrals to higher levels of care

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 this project fails to meet the deliverables or performance measures required, the funds would be returned to the state.

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):



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

- 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)



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- 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 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.