



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2835

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. Project/Program Description

The project is designed to provide support, awareness and outreach, and expand the treatment workforce for children experiencing trauma-induced behavioral health and eating disorders in 14 Big Bend counties, the majority of which are rural. The approach will offer:

- 1) Free support groups for parents of at-risk youth,
- 2) Community awareness events and screening tools for school personnel in over 24 schools, and with over 200 primary care, behavioral health providers, and other professionals, and
- 3) Enhanced workforce through graduate level intern supervision for up to 36 interns in four clinical areas.

5. **State Agency to receive requested funds**

State Agency contacted?

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

Type of Funding	Amount
Operating	750,000
Fixed Capital Outlay	0
Total State Funds Requested	750,000

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)	750,000	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	750,000	100%

8. **Has this project previously received state funding?**

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?**

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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We anticipate securing additional funding sources for outlying years through grant and other community support. We may need a portion of the annual cost for another year or two but will strive to use other funding sources.

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	Staff will serve as facilitators for family support groups and school and provider outreach and education. These teams will lead onsite support groups in each of the 14 counties in person and virtually and conduct outreach and education across the region. Experienced staff will provide graduate level intern supervision in four clinical areas with opportunities for up to 36 interns over three semesters.	500,000
Expense/Equipment/Travel/Supplies/Other	Costs include materials, AV, printing, travel and gathering space for support groups, education and outreach.	250,000
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)		750,000



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13. Program Performance

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

Raise awareness and connect services for children experiencing trauma-induced behavioral health and eating disorders in 14 counties (most rural) Program will include:
 1) Free Big Bend Support Group targeting parents of at-risk children in crisis including rural areas.
 2) Community awareness and screening tools for school personnel, primary care, behavioral health providers.
 3) Workforce expansion including graduate intern supervision - interns will also deliver services

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

Free support groups for parents of children in crisis.
 Education and screening tools for educators in over 24 schools and over 200 health care professionals - this outreach will also include awareness of support groups and intern programs.
 Collegiate and professional intern supervision (up to 36 graduate level interns) for practitioner workforce expansion to serve at risk children and families

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

Facilitated support groups will provide services to families and direct behavioral health services will be provided by the graduate level interns during their internships and after completion. The proposal covers graduate level intern supervision, not intern wages. A recent DCF GAP Analysis Report dated 1/31/25 further supports the need for family/educator/practitioner awareness and workforce growth.

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

The target population includes school aged children (k-12) who may be experiencing behavioral health issues or eating disorders. The approach includes working with parents (through support groups), educators, health care providers and others who interact with children (through outreach and education), as well as graduate level interns in clinical areas. Expected populations include children in poor mental or physical health, at-risk youth, economically disadvantaged, intellectual and developmental disabilities, and others.

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

All parents served in support groups will be given a brief and anonymous survey to assess the child's physical and mental health. Clients who receive services will have a physical exam. A clinical and nutrition assessment is conducted by licensed staff. Results and treatment plans are sent to PCP, psych, and referrals are made upon guardian consent.

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?

Payment is due upon production of deliverables; no payment will be made unless deliverables are approved by the Department.

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.