



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3013

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Intensive In-home programs offer safe and effective family-centered interventions to reduce out-of-home placement for youth with serious mental and behavioral health conditions. These programs provide intensive, comprehensive in-home community-based behavioral health services through a multi-disciplinary team utilizing a High-Fidelity Wraparound model for St. Johns, Flagler and Putman counties for children and youth, ages 6-21, with a history of mental illness, substance abuse, and multiple treatment failures, who are at risk of out-of-home placement in settings including child welfare, DJJ, or hospitalization.

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	450,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>450,000</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)	450,000	25%
<b>Matching Funds</b>		
Federal	279,905	15%
State (excluding the amount of this request)	952,770	53%
Local	104,865	6%
Other	20,000	1%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,807,540</b>	<b>100%</b>

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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## 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Clinical Lead (25%)(Oversight) \$33,050 (all totals incl Benefits); CAT Team Therapist (MSW) \$84,289; Case Manager \$67,326; Peer Mentor \$56,858 - COACHES Therapist (MSW) \$82,984; Case Manager \$67,601; Peer Mentor \$57,892	450,000
Expense/Equipment/Travel/Supplies/Other		0
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>450,000</b>

### 13. Program Performance

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



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The Intensive In-Home Therapeutic programs provide intensive, comprehensive in-home community-based behavioral health services through a multi-disciplinary team utilizing a High-Fidelity Wraparound model for St. Johns, Flagler and Putnam county children and youth, ages 6-21, with a history of mental illness, substance abuse, and multiple treatment failures, who are at risk of out-of-home placement in settings including child welfare, DJJ, or hospitalization. Most clients served are considered low-income, under-insured and underserved.

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

Activities include individual and family counseling, assistance navigating systems for needed resources including housing assistance, benefits, further diagnostic testing and services as indicated, liaison with school to address academic needs, crisis support, youth mentoring and life skills training to ensure youth stability, safety, and success.

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

Services include in-home professional counseling using evidence-based interventions provided at minimum weekly, high fidelity wrap around certified case management to build collaboration between providers and youth support systems to maintain in home stability, and youth mentoring to build and ongoing individualized wellness recovery plan for youth.

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

Youth age 6-21 with a history of mental illness, substance abuse, and multiple treatment failures, who are at risk of out-of-home placement in St. Johns, Flagler and Putnam counties. Expect to serve between 101-200 youth.

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

To improve youth functioning in the community and reduce out of home placement. 80% of referred youth remain in the community and do not require intensive placement will by collected through discharge and aftercare planning. 90% of youth who successfully complete the program will show improved functioning measures on the CFARS scale will be measured by completing the CFARS at admission and discharge.

**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?**

These funds are intended to fully fund critical community mental programs, specifically St. Augustine Youth Services (SAYS) CAT and Coaches programs. Penalties might include a root cause analysis to determine why measures are not met and construct a corrective action plan to meet outcomes. If unable to meet the outcomes, the agency would pay back a percentage based on the unmet outcomes at 20% per unmet outcome.

**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
- No



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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)

**d. First Name**  **Last Name**



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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.*