

1. Project Title

Yes

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

Clay Community Crisis Prevention Team

Travis Hutson

02/13/2023

LFIR # 1571

Matching Funds Federal 0 0 0% State (excluding the amount of this request) 0 0% Local 91,300 15% Other 0 0 0% Total Project Costs for Fiscal Year 2023-2024 591,300 100% Has this project previously received state funding? Fiscal Year Amount Specific Appropriation # 2022-23 0 500,000 372 No Is future funding likely to be requested? a. If yes, indicate nonrecurring amount per year. 500,000 b. Describe the source of funding that can be used in lieu of state funding.
Matching Funds 0 0 0%
Matching Funds Federal 0 0% State (excluding the amount of this request) 0 0% Local 91,300 15% Other 0 0% Total Project Costs for Fiscal Year 2023-2024 591,300 100% Has this project previously received state funding? Fiscal Year Amount Specific Appropriation # (ууууу-уу) Recurring Nonrecurring Appropriation #
Matching Funds Federal 0 0% State (excluding the amount of this request) 0 0% Local 91,300 15% Other 0 0% Total Project Costs for Fiscal Year 2023-2024 591,300 100% Has this project previously received state funding? Fiscal Year Amount Specific Appropriation # (уууу-уу) Recurring Nonrecurring Appropriation #
Matching Funds Federal 0 0% State (excluding the amount of this request) 0 0% Local 91,300 15% Other 0 0% Fotal Project Costs for Fiscal Year 2023-2024 591,300 100% Clas this project previously received state funding? Fiscal Year Amount Specific Vetoed
Matching Funds 0 0% State (excluding the amount of this request) 0 0% Local 91,300 15% Other 0 0% Total Project Costs for Fiscal Year 2023-2024 591,300 100%
Matching Funds Federal 0 0% State (excluding the amount of this request) 0 0% Local 91,300 15% Other 0 0%
Matching Funds Federal 0 0% State (excluding the amount of this request) 0 0% Local 91,300 15%
Matching FundsFederal00%State (excluding the amount of this request)00%
Matching Funds Federal 0 0%
Matching Funds
Fotal State Funds Requested (from question #6) 500,000 85%
Type of Funding Amount Percentage
otal Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)
Total State Funds Requested 500,000
Fixed Capital Outlay 0
Operations 500,000
Type of Funding Amount



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If yes, indicate the amount of funds received and what the funds were used for.

PPP Loan - Payroll expenses - Fiscal Year 20-21	
FCC COVID-19 Telehealth Program - Telehealth Equipment - Fiscal Year 20-21	

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Con		of the musicato		
a. what is the	current phase	of the project?		
OPlanning	ODesign	Construction		
b. Is the projec	ct "shovel read	y" (i.e permitted)?		
c. What is the	estimated start	date of construction?		
d. What is the	estimated com	pletion date of construction?		
12. List the owner relationship l	ers of the facilit between the ow	y to receive, directly or indirect ners of the facility and the enti	ly, any fixed capital ty.	outlay funding. Include the

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount	
Administrative Costs:			
Executive Director/Project Head Salary and Benefits	Executive Director, Program Manager ACAP, Program Manager IFS	56,132	
Other Salary and Benefits	Benefits: Executive Director, Program Manager ACAP, Program Manager IFS	12,349	
Expense/Equipment/Travel/Supplies/Other		0	
Consultants/Contracted Services/Study		0	
Operational Costs: Other			
Salary and Benefits	1.0 FTE Masters Level Therapist, 1.0 FTE Crisis Alternative Program Coordinator, 4.5 FTE Diversion Specialists, 1.0 FTE Family Intervention Specialist, .50 Team Administrative Assistant	315,787	
Expense/Equipment/Travel/Supplies/ Other	Building occupancy, communications, EHR access, training, local travel, office supplies, client food for 24-hour crisis facility, client incidentals, agency liability insurance, urine drug screens, outreach literature and marketing supplies, and indirect administrative oversight.	115,732	
Consultants/Contracted Services/Study		0	
Fixed Capital Construction/Major Renovation:			
Construction/Renovation/Land/ Planning Engineering		0	
Total State Funds Requested (m	ust equal total from question #6)	500,000	

14. Program Performance

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



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Project provides increased access to services to priority populations as defined in s. 394.674, Florida Statutes, and fits with the statewide effort to keep individuals with severe mental illnesses in the community. Services include evidence based, trauma informed care and will be cost effective and efficient. Early access to care in a mental health crisis reduces the need for more costly and intensive services. Providing services to parents with substance abuse disorders helps maintain families and keeps children safe.

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

The model is recovery based and utilizes evidence based practices. Direct services include individual and group therapy, case management, family intervention and 24-hour crisis intervention. Expedited access to psychiatric and primary care treatment. Support services and ongoing supervision in a community setting. Access to clinical staff and peer support. Ongoing advocacy, progress monitoring and linkage to community resources.

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

Citizens served by this project receive recovery based services through evidence based practices. Direct services include individual and group counseling, case management, family intervention, peer support and 24-hour intervention and crisis support. Individuals served have expedited access to psychiatric and primary care treatment. Services are available in a home like community setting with ongoing support. Persons served have access to clinical staff and peer support specialists, as well as a client run drop-in center. These intensive direct services offer an alternative to more intensive, restrictive and costly treatment services such as hospitalization or CSU. Treatment planning, progress monitoring, advocacy, discharge planning, relapse prevention planning, support network development and aftercare are all part of the process.

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

Participants will be priority populations as identified in s. 394.674, Florida Statutes, and will also include persons with poor physical health and economically disadvantaged persons. Expected performance measures include serving 200 individuals in the region.

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

Treatment is provided in a cost effective and efficient manner. The model is recovery based and utilizes evidence based practices. Outcome performance measures include the goal that 95% of individuals receiving services will not require a higher level of care within 30 days of admission, that 90% of referred individuals will successfully engage in Substance Abuse Treatment Services, and that 100% of referrals will access services within one day of referral. Outcomes will be tracked and reported quarterly. Goals have been met and/or exceeded for all previous funding years.

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 the contract?

Failure to meet performance measures or contract deliverables may result in corrective action plans and/or financial penalties.

15. Requester Contact Information			
a. First Name	Irene	Last Name	Toto
b. Organization	Clay Behavioral Health Co	enter, Inc	
c. E-mail Address	irene.toto@firstinclay.org		
d. Phone Number	(904)278-5644	Ext.	2005
16. Recipient Contact	Information		
a. Organization	Clay Behavioral Health Co	enter, Inc	
b. Municipality and	d County Clay		



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□For Profit Entity				
☑Non Profit 501(c	☑Non Profit 501(c)(3)			
□Non Profit 501(c	2)(4)			
□Local Entity				
□University or Co	llege			
□Other (please sp	pecify)			
d. First Name	Irene	Last Name	Toto	
e. E-mail Address	irene.toto@firstinclay.org			
f. Phone Number	(904)278-5644			
17. Lobbyist Contact I	nformation			
a. Name	None			
b. Firm Name	None			
c. E-mail Address				
d. Phone Number				