

LFIR # 1497

1. Project Title	BRAVE (Be Resi	lient and Voice I	Emotions) Program			
2. Senate Sponsor	Travis Hutson					
3. Date of Request	01/25/2023					
4. Project/Program De	scription					
break down mental h a HUB model and a u throughout the state of access points. BRAV screens families for the partners for immediate	ealth stigma and to unified assessment, of Florida. BRAVE I E receives referrals he most appropriate te connection to serill allow the progran	ensure that all and the serves has access point of the serves being a directly from the behavioral heart ices and conting the services are services and conting the services are services and continued the services are services and continued the services are services as the services are servi	as the HUB for connects within schools, beha e Multi-Tiered System alth services and links e	ave access to menta ction to behavioral havioral health agencie of Support(MTSS), the each family to one of ally throughout treatr	al health services. Using ealth services es, and community the BRAVE program our behavioral health ment, for a minimum of 6	
5. State Agency to rec		nds Denar	tment of Children and I	- -amilies		
State Agency contact	•	Бераг	then of online of and f	ummes		
State Agency Contac	cteu: No					
6. Amount of the Nonre	ecurring Request	for Fiscal Year	2023-2024			
Type of Funding			Am	ount		
Operations				7,925,000		
Fixed Capital Outlay				0		
Total State Funds R	Requested		7,925,000			
7. Total Project Cost fo	or Fiscal Year 2023	3-2024 (includir	ig matching funds ava	ailable for this proj	ect)	
					,	
Type of Funding			Amount	Percentage]	
Total State Funds Re	equested (from ques	stion #6)	Amount 7,925,000			
	equested (from ques	stion #6)		100%		
Total State Funds Re Matching Funds Federal			7,925,000 0	100%		
Total State Funds Re Matching Funds Federal State (excluding the a			7,925,000 0	100% 0% 0%		
Total State Funds Re Matching Funds Federal State (excluding the a			7,925,000 0 0	100% 0% 0% 0%		
Total State Funds Re Matching Funds Federal State (excluding the a			7,925,000 0	100% 0% 0%		
Total State Funds Re Matching Funds Federal State (excluding the a	amount of this requ	est)	7,925,000 0 0	100% 0% 0% 0% 0%		
Total State Funds Re Matching Funds Federal State (excluding the a Local Other	amount of this requ	est) 23-2024	7,925,000 0 0 0	100% 0% 0% 0% 0%		
Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs 8. Has this project pre Fiscal Year	amount of this requ	est) 23-2024 state funding?	7,925,000 0 0 7,925,000 7,925,000 Yes Specific	100% 0% 0% 0% 0%		
Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs 8. Has this project pre	amount of this required for Fiscal Year 20	est) 23-2024 state funding?	7,925,000 0 0 7,925,000 7,925,000 Yes Specific	100% 0% 0% 0% 0% 100%		
Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs 8. Has this project pre Fiscal Year	for Fiscal Year 20 viously received s	est) 23-2024 state funding?	7,925,000 0 0 7,925,000 7,925,000 Yes Specific Appropriation #	100% 0% 0% 0% 100%		
Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs 8. Has this project pre Fiscal Year (уууу-уу)	for Fiscal Year 20 viously received s Amo Recurring	est) 23-2024 state funding? unt Nonrecurring 3,000,0	7,925,000 0 0 7,925,000 7,925,000 Yes Specific Appropriation #	100% 0% 0% 0% 100%		
Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs 8. Has this project pre Fiscal Year (уууу-уу) 2022-23	for Fiscal Year 20 viously received s Amo Recurring 0	est) 23-2024 state funding? unt Nonrecurring 3,000,0	7,925,000 0 0 7,925,000 Yes Specific Appropriation #	100% 0% 0% 0% 100%		
Total State Funds Remark Matching Funds Federal State (excluding the allocal Other Total Project Costs 8. Has this project pre Fiscal Year (yyyy-yy) 2022-23 9. Is future funding like a. If yes, indicate no	for Fiscal Year 20 viously received s Amo Recurring 0 ely to be requeste	est) 23-2024 State funding? unt Nonrecurring 3,000,0 d? nt per year.	7,925,000 0 0 7,925,000 7,925,000 Yes Specific Appropriation # 000 372	100% 0% 0% 0% 100% Vetoed No		



10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

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No				
If yes, indicate the amount of fu	unds received and what the	funds were used f	or.	
Complete questions 11 a	nd 12 for Fixed Cap	ital Outlay Pr	ojects	
11. Status of Construction				
a. What is the current phase of	the project?			
	Construction			
b. Is the project "shovel ready"	(i.e permitted)?	No		
c. What is the estimated start da	ate of construction?			
d. What is the estimated comple	etion date of construction?			
12. List the owners of the facility trelationship between the owners	o receive, directly or indirecers of the facility and the ent	ctly, any fixed capi ity.	ital outlay funding. I	nclude the
Flagler Hospital Inc.				
13. Details on how the requested s	tate funds will be expended			
Spending Category		Description		Amount
Administrative Costs:				
Executive Director/Project Head Salary and Benefits	Medical Director \$240,000 +	- 25% benefits = \$3	00,000	300,00
Other Salary and Benefits				
Expense/Equipment/Travel/Supplies/ Other	Travel, supplies, equipment.			200,00

Executive Director/Project Head Salary and Benefits	Medical Director \$240,000 + 25% benefits = \$300,000	300,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other	Travel, supplies, equipment.	200,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Network and Expansion Manager (1) \$90,000 + 25% benefits = \$112,500; Regional Program Managers (3) \$80,000 + 25% benefits = \$100,000; BRAVE Community Health Associates (40).\$45,000 + 25% benefits = \$56,250; BRAVE Team Leads (6) \$70,000 + 25% benefits = \$87,500; Master's level clinicians (5) - \$70,000 + 25% benefits = \$87,500.	3,625,000
Expense/Equipment/Travel/Supplies/ Other	Travel, supplies, equipment, marketing and outreach, BRAVE Summits \$1,800,000; BRAVE Mobile Behavioral Health Unit (Bus) \$1,000,000	2,800,000
Consultants/Contracted Services/Study	Electronic case management/referral/billing platform and purchased services.	1,000,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	7,925,000



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14. Program Performance

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 20 new BRAVE Care Navigators, 6 BRAVE Team Leads, 5 BRAVE Clinicians, and an additional Expansion Manager. In addition to providing behavioral health navigation services to students and their families, Regional BRAVE Managers and the Expansion Manager will be lead the 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.

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. Increase the mental health education for students to show that 75% of students or higher feel that the BRAVE program has given them new tools and coping mechanisms to deal with their mental health. TARGET = 75% or higher. 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 the contract?

Standard contract	penalties are sufficient.			
15. Requester Contact	t Information			
a. First Name	Paige	Last Name	Stanton	

Ext. 4425

16. Recipient Contact Information

d. Phone Number (904)819-5155

a. Organization Flagler Hospital, Inc.

Flagler Hospital

c. E-mail Address paige.stanton@flaglerhealth.org

- b. Municipality and County Saint Johns
- c. Organization Type

b. Organization



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□For Profit Entity	y					
☑Non Profit 501(c	☑Non Profit 501(c)(3)					
□Non Profit 501(c	□Non Profit 501(c)(4)					
□Local Entity	□Local Entity					
□University or Co	□University or College					
□Other (please specify)						
d. First Name	Paige	Last Name	Stanton			
e. E-mail Address	Paige.Stanton@flaglerhealth.org					
f. Phone Number	r (904)819-5155					
17. Lobbyist Contact Information						
a. Name	Mark Pinto					
b. Firm Name	The Fiorentino Group					
c. E-mail Address	mpinto@thefiorentinogroup.com					
d Phone Number	(904)358-2757					