



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1098

1. **Project Title** Community Action Team (CAT) - Charlotte

2. **Senate Sponsor** Joe Gruters

3. **Date of Request** 10/01/2019

4. **Project/Program Description**

This Community Action Team (CAT) in Charlotte County serves children, adolescents and young adults with significant mental health needs. The CAT provides comprehensive, community-based services for children ages 11 to 21 with a mental health or co-occurring substance abuse diagnosis who may be at risk for out-of-home placement and/or display behaviors such as repeated failures of less intensive levels of care; having two or more psychiatric hospitalizations; involvement with the Department of Juvenile Justice or multiple episodes involving law enforcement; or poor academic performance or suspensions.

5. **State Agency to receive requested funds** Department of Children and Families

State Agency contacted? ☐ Yes ☒ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	750,000
Fixed Capital Outlay	000
<b>Total State Funds Requested</b>	<b>750,000</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	750000	100.0 %
<b>Matching Funds</b>		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>750,000</b>	<b>100 %</b>

8. **Has this project previously received state funding?** ☒ Yes ☐ No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2019-20	00	750,000	367	No

9. **Is future-year funding likely to be requested?** ☒ Yes ☐ No

If yes, indicate nonrecurring amount per year. 750,000



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#### 10. 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	COO, Director of HR, IT and Crisis Services	52,000
Other Salary and Benefits	Finance, COO, IT Director, Quality Director, Records, Utilization Management, Crisis Support Director, Human Resources Director	20,000
Expense/Equipment/Travel/Supplies/Other	N/A	0
Consultants/Contracted Services/Study	N/A	0
<b>Operational Costs: Other</b>		
Salary and Benefits	CAT Team (Team Leader, Mental Health Clinicians, Case Manager, Mentors, Psychiatrist/Medical Director, ARNP, LPN, Operational Support).	561,060
Expense/Equipment/Travel/Supplies/Other	Building Occupancy, Professional Services, Travel, Equipment, Medical and Pharmacy, Liability Insurance, Supplies, Educational Programs, and Client Incidentals	116,940
Consultants/Contracted Services/Study	N/A	0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		750,000



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#### 11. Program Performance

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

The goal of this contract is to address mental health and physical health care needs in cases where traditional mental health service interventions have not worked. The CAT program utilizes a multidisciplinary and person-centered approach to coordinate treatment interventions and natural supports tailored to the individual needs of youth or young adults, allowing them to remain successfully in their community. CAT services are provided to youth, young adults, and their families.

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

The CAT team will provide effective, intensive in-home mental health and co-occurring substance abuse services to youth. Services would include: crisis intervention, in-home therapy and counseling, case management (linkage to community support services, housing, medical services, etc.) psychiatric evaluation, medication management services and mentoring.

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

A variety of mental health and co-occurring substance abuse services to youth. This would include: crisis intervention, in-home therapy and counseling, case management (linkage to community support services, housing, medical services, etc.), psychiatric evaluation, medication management services and mentoring.

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

At-risk youth  
High School students  
Victims of crime  
Persons with poor physical health  
Persons with poor mental health  
# Expected to be served: 65

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

Improved Mental health, measured by Managing Entity ROI/CFARS Rating Scale.  
Improved School attendance, measured by ME ROI report.  
Reduced interactions with Juvenile Justice System, measured by CBHC.  
Reduced psychiatric hospitalizations and residential placements, measured by CBHC

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?

A failure to meet deliverables leads to a prorated financial consequence.



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12. 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.

N/A

13. Requestor Contact Information

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. 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
- e. E-mail Address
- f. Phone Number

15. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.