



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1019

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The purpose is to increase staff salaries and employ additional staff to sustain the high quality performance outcomes that the two (2) community action treatment teams produce, specifically, reducing the incidence of severely emotionally disturbed youth moving into deeper-end juvenile justice or state hospital programs. Funding remains the same for the past 10 years ago although medical inflation has increased at a significant rate: 190% for psychiatrists and 138% for counselors.

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	600,000
Fixed Capital Outlay	0
Total State Funds Requested	600,000

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)	600,000	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	600,000	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.

Braided funding through private insurance for outreach services, county funding as match, and Medicaid funding might all be possible funding streams to be tied into state support.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1019

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	Salary increase for the Program Director	6,500
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Increased salaries to competitively compensate a child psychiatrist, mental health counselors, and case managers of the two (2) Community Action Treatment teams that Circles of Care operates for Brevard County. To illustrate the need, the salary of our original psychiatrist in 2014 was \$210,000; the current child psychiatrist is \$310,000 - and has resigned for an offer of \$500,000 at 80% FTE.	593,500
Expense/Equipment/Travel/Supplies/Other		0
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)		600,000

13. Program Performance

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

The specific purpose is to reduce the incidence of severely emotionally disturbed youth moving into deeper-end juvenile justice or state hospital programs. The funding supports existing behavioral health programming that mitigates deep-end commitments through the use of an intensive treatment teams-based approach that successfully maintains children in the community.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1019

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

The program employs psychiatric medical staff, physicians and/or APRNs, licensed counselor or social worker as the team lead, parent mentors, therapists, case managers, and peers. This interdisciplinary team provide intensive treatment services individualized to the patient and their families and are available 24/7 to them.

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

The following direct care services are used with the community action treatment model: psychiatric evaluation, medication management, counseling, behavior modification, peer support, therapy (individual/group/family), psychoeducation, crisis intervention, care coordination, transportation assistance, and parent mentorship.

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

The target population are those children up to age 21 with emotional disturbances or severe emotional disturbances at risk for commitment into deep-end services in the juvenile justice system or into a Statewide Inpatient Psychiatric Programs (SIPP). Each team is expected to carry a caseload of 35 individuals at any given time. Circles' team exceeds the minimum, typically by 30-40%. During the year we expect to serve approximately 100 youth and families.

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

Expected outcomes include: 1. Improved Family Functioning of youth with serious emotional disturbances
2. Living in a community setting.

These outcomes are measured by: 1. The NCFAS-G+R measurement scale is the standard that Florida uses to evaluate family functioning for these teams.

2. Programs have contracted targets set for the percentage of individuals served that remain in a community setting. For example, the contracted targeted rate of 90% is routinely achieved through Circles' teams with rates typically exceeding 97%.

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?

Percent deduction from existing DCF contract.

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
- ☐ No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1019

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

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1019

a. Name	<input type="text" value="Steve Crisafulli"/>
b. Firm Name	<input type="text" value="SBM Partners, Inc."/>
c. E-mail Address	<input type="text" value="steve@stevecrisafulli.com"/>
d. Phone Number	<input type="text" value="(321)223-8862"/>

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.