



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2892

1. Project Title Aspire Health Partners /Centerstone - Military Veterans and National Guard Mental Health

2. Senate Sponsor Danny Burgess

3. Date of Request 3/4/2025

#### 4. Project/Program Description

Mental Health Services at the Steven A. Cohen Military Family Clinics at Aspire Health Partners and Centerstone will continue to provide critical expansion of behavioral health services for Military Veterans, National Guard and Reserve and their families regardless of role, time in service or discharge status. Too often our countries military and their families struggle to cope with mental health concerns related to a life of military service. Aspire and Centerstone will continue to provide evidence based, culturally competent, person-centered therapy for mental health issues including depression, anxiety, post-traumatic stress, adjustment issues, anger, grief and loss, family/relationship issues, transition challenges and children's behavioral concerns. Services will include assessment, diagnosis, outpatient treatment both in-person or via televideo as well as case management and psychiatry support.

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

State Agency contacted? Yes

#### 6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	1,500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,500,000</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)	1,500,000	30%
<b>Matching Funds</b>		
Federal	837,727	17%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	2,622,334	53%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>4,960,061</b>	<b>100%</b>

8. Has this project previously received state funding? Yes

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	1,000,000	378	No

9. Is future-year funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 1,500,000

b. Describe the source of funding that can be used in lieu of state funding.



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Insurance reimbursement helps to offset a portion of the total expenses. The Cohen Veterans Network currently provides private funding towards this effort. Additional funding has been sought, and received, through federal grant funding for both Aspire and Centerstone.

## 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	Includes prorated amount of Agency Exec. staff, HR, Accounting, Quality Mgmt., Payroll, etc. and related fringe benefits.	75,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Program Director, Licensed/Credentialed Therapists, Fellows, Case Managers, and Support Staff.	1,350,000
Expense/Equipment/Travel/Supplies/Other	Computers, secure internet connections, product licenses, staff travel, supplies, transportation.	55,000
Consultants/Contracted Services/Study	Training on evidenced based protocol and targeted treatment with military families of all ages.	20,000
<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>1,500,000</b>

### 13. Program Performance

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



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Cohen Military Family Clinics at Aspire Health Partners and Centerstone will provide critical ongoing expansion of behavioral health services for Veterans, National Guard and Reservists and military family members of all ages across the state. This population struggles with the side-effects of a life of service to our country; moves, deployments, relationship stressors, trauma, other mental health issues. Aspire and Centerstone provide evidenced based, culturally competent, person centered therapy for multiple mental health concerns.

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

Veterans will be provided assessment, diagnosis, outpatient mental health therapy and psychiatry treatment services and case management either in-person or via telehealth as described in Ch. 65D-30 and in accordance with the Commission on Accreditation of Rehabilitative Facilities (CARF) accrediting standards.

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

Military Veterans, National Guard and Reserve and their families of all ages will be provided services to include initial assessment, suicide screening and intervention (as appropriate), crisis intervention, case management (to provide wrap-around community resources and referrals), individual, couples, family and/or group outpatient therapy both in-person and via telehealth as well as community engagement activities to promote social engagement activities and positive coping strategies.

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

Military Veterans, National Guard and Reserve and their family members of all ages. We expect to serve between 501-1000 individuals.

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

We will improve the mental health of those served by the reduction of depressive and anxiety symptoms by 25%, improved quality of life by 10%, reduction in suicidal ideation by 20%. Outcome measures will be collected for each client served at initial assessment and monthly throughout each client's episode of treatment. Outcome measures include: PHQ-9 (for Depression), GAD-7 (for Anxiety), C-SSRS (for suicide risk), and QLES (quality of life rating scale) as well as post-discharge administration of the QLES at 3, 6 and 12 month intervals.

**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?**

Suggested penalties will be those outlined in the executed contract. We do not anticipate this to be an issue as we fully expect to meet contract performance measures.

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.*