The Florida Senate
Local Funding Initiative Request
Fiscal Year 2026-2027

LFIR # 1088

1. Project Title Circles of Care - Certified Community Behavioral Health Clinic (CCBHC) Implementation

2. Senate Sponsor Debbie Mayfield

3. Date of Request 11/4/2025

4. Project/Program Description

Circles of Care, Brevard County's nonprofit Community Behavioral Health Center and the county's designated Central Receiving Facility, requests funding to sustain psychiatric and clinical capacity and complete its transformation to a Certified Community Behavioral Health Clinic (CCBHC). Through budget proviso language adopted in the 2025 legislative session, the Legislature directed the Agency for Health Care Administration (AHCA) to pursue Federal CCBHC State Demonstration designation for Florida. This appropriation advances that statewide initiative by enabling Circles of Care to expand medication-assisted treatment (MAT), implement primary-care screenings, enhance care coordination across hospitals and primary care, and build data systems for quality and outcome reporting.

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

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	500,000
Fixed Capital Outlay	0
Total State Funds Requested	**500,000**

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	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 2026-2027	**500,000**	**100%**

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		
2024-25	0	500,000	377	No

9. Is future-year funding likely to be requested? No

a. If yes, indicate nonrecurring amount per year.

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

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits	Oversight, financial tracking, and outcome evaluation aligned with CCBHC readiness standards	35,000
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Clinical and support staffing: Outpatient board-certified psychiatrist, licensed therapists, peer specialists, care coordinators	375,000
Expense/Equipment/Travel/Supplies/ Other	Light construction in two outpatient clinics to adopt patient flow patterns more aligned with CCBHC, e.g., accommodating walk-in assessments.	25,000
Consultants/Contracted Services/Study	Quality reporting, data integration, primary care screening start-up, training	65,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		**500,000**

13. Program Performance

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

To sustain psychiatric and clinical capacity and complete Circles of Care's transition to a Certified Community Behavioral Health Clinic. Funds will expand medication-assisted treatment (MAT) services, initiate primary care screenings, enhance care coordination, and strengthen data systems that support timely access, quality reporting, and for Florida's forthcoming CCBHC demonstration and PPS reimbursement model.

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

(1) Retain a board-certified psychiatrist providing care and leadership ambulatory programs. (2) Expand MAT access and continuity of care for opioid and alcohol use disorders. (3) Implement primary care screening protocols (blood pressure, BMI, tobacco use, diabetes risk). (4) Strengthen coordination with local hospitals, primary care partners, and FQHCs. (5) Develop and deploy standardized outcome and quality reporting systems to meet CCBHC standards.

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

Funds will directly support psychiatric evaluation and treatment, medication management, medication-assisted treatment (MAT) for opioid and alcohol use disorders, primary-care health screenings, care coordination, peer and family supports, and follow-up engagement for individuals with mental illness and substance use disorders. These services will be provided to Medicaid and uninsured residents of Brevard County as part of Circles of Care's transition to a Certified Community Behavioral Health Clinic (CCBHC) in alignment with the Legislature's 2025-26 budget proviso directing AHCA to seek Federal CCBHC designation for Florida.

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

Adults, youth, and families in Brevard County experiencing mental illness, substance use disorders, or co-occurring conditions. Priority populations include Medicaid and uninsured residents, individuals with opioid use disorder, those at risk of hospitalization or incarceration due to untreated behavioral health conditions, and those at risk for repeated emergency department utilization due to unmanaged medical conditions that are comorbid with behavioral health conditions.

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

(1) At least 75% of CCBHC outpatient clients will be seen within 10 days of first contact, unless the client specifically requests an appointment beyond 10 days. Electronic health record (EHR) encounter data will be used to measure the outcome.
(2) At least 70% of outpatient clients will annually receive a documented physical health screening. This measure speaks to the positive benefit of the integration of primary care in CCBHCs and the reduction of emergency department visits and reduced hospitalizations. EHR encounter data will provide data to measure the outcome.

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 for the Certified Community Behavioral Health Clinic (CCBHC) failing to meet deliverables include: (1) Enhanced Reporting: Require monthly performance reports and leadership check-ins until the CAP is satisfied. (2) Reallocation/Suspension: For persistent nonperformance, reallocate remaining funds to CCBHC-readiness activities that directly advance deliverables.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

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 infastructure)

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#:

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	Stephen	**Last Name**	Lord
b. Organization	Circles of Care, Inc.		
c. E-mail Address	slord@circlesofcare.org		
d. Phone Number	(321)693-6899	**Ext.**	

18. Recipient Contact Information

a. Organization Circles of Care, Inc.

b. Municipality and County Brevard

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	Stephen	**Last Name**	Lord
e. E-mail Address	slord@circlesofcare.org		
f. Phone Number	(321)693-6899	**Ext.**	

19. Lobbyist Contact Information

a. Name	Steve Crisafulli
b. Firm Name	SBM Partners, Inc.
c. E-mail Address	steve@stevecrisafulli.com
d. Phone Number	(321)223-8862

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