



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1868

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The requested funds will expand access and availability of high-fidelity wraparound (HFW) services to support families with children experiencing a behavioral health crisis. Children facing a crisis often encounter delays between the start of the crisis and the initiation of crisis-response services. These delays are caused by limited access or availability, stigma related to behavioral health issues, and inconsistent "warm hand-offs" across providers. Such delays often result in an increased need for higher-level services, such as emergency room visits, CSU, or DJJ programs. Family peer support with High-Fidelity Wraparound enhances engagement and decreases delays in diagnosis and treatment. HFW is a structured, team-based approach involving families, providers, and natural supports to keep everyone connected and involved in the decision-making. The program provides early intervention to reduce the risk of lockouts and escalation to crisis, helping to sustain family stability.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operating	350,000
Fixed Capital Outlay	0
Total State Funds Requested	350,000

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)	350,000	70%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	150,000	30%
Total Project Costs for Fiscal Year 2026-2027	500,000	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		
2024-25	0	300,000	377	No

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.



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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	Program supervisor and wraparound support lead	91,250
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Wraparound Specialist Wraparound Parent Peer Wraparound Youth Peer	170,200
Expense/Equipment/Travel/Supplies/Other	Office space, Fidelity EHR system, critical incident funding, travel, IT, administration	88,550
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)		350,000

13. Program Performance

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



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The requested funds will support services for families with children aged 12 to 17 who are undergoing a behavioral crisis. Community Care for Families (CCF) helps these children and their families achieve stability, safety, and better emotional well-being. CCF is a partnership between the Florida Center for Early Childhood and NAMI Sarasota and Manatee Counties. The Florida Center offers strong clinical expertise, while NAMI provides extensive experience in peer support. The program will address a specific, documented service gap in Circuit 12, which covers Sarasota, Manatee, and DeSoto counties.

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

An individualized team plan tailored to the child and family includes: Engagement (orientation, crisis stabilization, strengths and needs, engagement), Planning (team plan, crisis plan), Implementation (focused on building trust and logistics, updating the plan as needed), and Transition (transferring skills to youth and family, planning for case closure, and follow-up after graduation). Using HFW, a family or parent peer contacts the family within 24 hours to stabilize the situation, using clinical knowledge and peer support to help the family and youth execute a personalized plan that aligns with the family's goals.

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

A four-part approach helps youth and families learn how to access resources and seek help from others to overcome their challenges. The program's components are 1) youth and family prioritize needs, 2) natural supports, 3) integrated planning, 4) self-efficacy. High fidelity wraparound, an evidence-based practice, collaborates with families and youth to develop cohesive, personalized support plans through a team of formal professionals and informal community supports. It involves an in-depth strengths and needs discovery, a unified, integrated care plan, and a transition for families toward self-reliance.

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

The target population includes families and youth aged 12 to 17 at risk in Sarasota, Manatee, and DeSoto counties. There has been a significant rise in at-risk youth entering out-of-home care due to parental inability to cope or willful abandonment. These youth are facing behavioral health crises, and high-fidelity wraparound services intervene early, ideally before the youth requires more costly care. We expect to serve up to 200 youth and families. Youth may be referred by any individual or organization, including inpatient or outpatient care providers, children-serving agencies (such as foster care), schools, DJJ, and others.

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

Teens in crisis and their families achieve stability, safety, and improved emotional well-being within 12 months. Seventy percent of families will experience these improvements, along with a reduction in needs that hinder functioning and an increase in family strengths. Additional goals include a decrease of five or more points in the life functioning domain score within six months of enrollment. The methodology used is the CANS (Child and Adolescent Needs and Strengths). High-fidelity wraparound benefits include increased permanency and stability, decreased residential restrictiveness, improved behavioral and mental health, better academic and early care outcomes, fewer safety issues, and strengthened protective factors.

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?

Return of funds. This program began in Fall 2025 and is collecting data on the served families and youth. The community supports the program and it is funded through the fiscal year. We anticipate community support to continue and increase through geographic expansion, thereby complimenting the state funds requested. The program is following a Results First framework which evaluates the program in real-time with targeted goals and milestones to ensure accountability.

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)



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- ☐ 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#:

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



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- ☒ 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

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.