



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1794

1. Project Title Jewish Family Services Affordable Behavioral Health Collaboration

2. Senate Sponsor Shevrin Jones

3. Date of Request 02/15/2023

4. Project/Program Description

The Jewish Family Services (JFS) Affordable Behavioral Health Collaboration will expand behavioral health services provided by the four Jewish Family Service agencies serving South Florida. Currently, together the four agencies provide approximately 29,000 visits/hours of behavioral health services annually to the Broward, Miami-Dade, and Palm Beach counties. Based on projections, this program will expand available services by 20% to potentially provide an additional 6,720 visits/service hours in order to help more people, with a goal of improving emotional well-being. Financial assistance and/or sliding scale for service may be provided to those who qualify based on income.

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 2023-2024

Type of Funding	Amount
Operations	1,200,000
Fixed Capital Outlay	0
Total State Funds Requested	1,200,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,200,000	75%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	400,000	25%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	1,600,000	100%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	998,400	372	No

9. Is future 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.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

Yes



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If yes, indicate the amount of funds received and what the funds were used for.

We received a total of \$89,660 in Covid 19 relief funding. Funds were used as follows: \$27,000 for Behavioral Health Counseling, \$29,111 for Employee Retention, and \$33,450 for Meals on Wheels.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

☐ Planning ☐ Design ☐ Construction

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?

12. 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.

13. 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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Hire behavioral health professionals who will provide direct services and support.	1,200,000
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)		1,200,000

14. Program Performance

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

The JFS Affordable Behavioral Health Collaboration will provide behavioral health care to children, individuals, and seniors, who are experiencing a variety of issues such as depression, trauma, anxiety, etc. Treatment will be provided by trained behavioral health professionals to improve client well-being and emotional stability.



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

The JFS Affordable Behavioral Health Collaboration will provide behavioral healthcare to children, individuals, and seniors, who are experiencing a variety of issues such as depression, trauma, anxiety, etc. Treatment will be provided by trained behavioral health professionals to improve client well-being and emotional stability.

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

Behavioral healthcare will be provided directly to citizens.

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

JFS will treat all clients, including the elderly, at-risk youth, students of all ages, and adults, with a special focus on low-income, economically disadvantaged citizens. A sliding scale and/or financial assistance may be offered where available. Approximately 420 clients are expected to be served by this project.

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

80% of Clients who complete pre/post treatment evaluations will demonstrate an improvement in behavioral health. Approximately 420 clients will be served with approximately 6,720 visits or hours of treatment. Pre- and post-treatment evaluations will be administered at assessment, at regular intervals (either every 90 days or 6 months depending on required test), and at planned discharge. Tests will include PHQ9, GAD, CFARS/FARS, or CGAS, depending on client need.

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 the contract?

Penalties for not meeting the contracted deliverables may warrant decreased funding.

15. Requester Contact Information

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

16. 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)



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d. First Name Last Name

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number