



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2617

1. **Title of Project:** Lutheran Services Managing Entity Administrative Workload Increase

2. **Senate Sponsor:** Aaron Bean

3. **Date of Submission:** 03/23/2019

4. **Project/Program Description:**

Lutheran Services serves as the Managing Entity and coordinates behavioral health services in 23 counties in northeast Florida. Lutheran Services requires additional administrative support to address increases in workload across their service areas.

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 2019-2020**

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	
Total State Funds Requested	500,000

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	500,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)		0.00%
Local		0.00%
Other		0.00%
Total Project Costs for Fiscal Year 2019-2020	500,000	100.0%

8. **Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

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

10. **Details on how the requested state funds will be expended**

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		



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Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits	Additional Case Managers	500,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		500,000

11. Program Performance:

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

The purpose of the request is to provide additional clinical and support services to improve housing, employment and clinical outcomes across the 23 county service area.

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

Activities will include coordination of housing, employment, and clinical services to improve efficiency, development of new resources and assure quality of services across 53 providers in 23 counties.

c. What are the direct services to be provided to citizens by the appropriations project?

Direct services will include availability of increased resources for supported housing, supported employment and coordination of care to ensure the most appropriate care and reduce recidivism into high cost acute care settings (i.e. jail, Crisis Unit, detox) for individuals with mental health or substance use disorders.

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

The target population is uninsured and/or indigent individuals with mental health or substance use disorders. The number of individuals to be served is 5,000.

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

The Managing Entity will be adequately staff to handle increased workload and increase positive outcomes for consumers. The methodology to measure will be performance on the ME/DCF contract performance outcome measures including individuals employed, individual in stable housing, re-admissions to State Mental Health Treatment Facilities, Crisis Unit, Detox or Jails.

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?

Reclaiming of funds.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

No



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13. Requestor Contact Information:

- a. **Name:** Dr. Christine Cauffield
- b. **Organization:** Lutheran Services Florida
- c. **E-mail Address:** christine.cauffield@lsfnet.org
- d. **Phone Number:** (904)337-4045

14. Recipient Contact Information:

- a. **Organization:** Lutheran Services
- b. **County:** Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Nassau, Putnam, Saint Johns, Sumter, Suwannee, Union, Volusia
- c. **Organization Type:**
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)
- d. **Contact Name:** Dr. Christine Cauffield
- e. **E-mail Address:** christine.cauffield@lsfnet.org
- f. **Phone Number:** (904)337-4045

15. Lobbyist Contact Information

- a. **Name:** Tracy Mayernick
- b. **Firm Name:** The Mayernick Group
- c. **E-mail Address:** tracey@themayernickgroup.com
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