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

LFIR # 1286

1. Project Title Broward County Behavioral Health

2. Senate Sponsor Barbara Sharief

3. Date of Request 11/21/2025

4. Project/Program Description

Funding would provide support the Broward County Continuum of Care for citizens in need of behavioral health interventions/services/supports within the array of general or crisis behavioral health related services. Services would include: Behavioral Health Services/Supports, Maternal Services / Supports or Youth Violence Prevention Services. Previous FY funding enabled the program to provide essential behavioral health services to an additional 152 individuals in all categories, county-wide.

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 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	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	500,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	**1,000,000**	**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		
2025-26	0	300,000	363	No

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

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

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

None

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		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study	Contracted Services: The requested funds will be used to increase the number of un-duplicated clients to be served.	500,000
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?

Fund and sustain the Broward County Continuum of Care for citizens in need of behavioral health interventions/services/supports within the array of general or crisis behavioral health related services.

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

Services would include: Behavioral Health Services/Supports, Maternal Services / Supports or Youth Violence Prevention Services. Previous FY funding enabled the program to provide essential behavioral health services to an additional 152 individuals in all categories, county-wide.

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

Providers will deliver community based individualized behavioral health and supportive services, to include but not limited to individual, family, or group counseling/therapy, mobile crisis response services, crisis stabilization services, drop-in crisis services, maternal education and supports, outreach, mentoring, life skills, and/or peer supports.

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

Target population includes the developmentally disabled, pregnant or new mothers, at-risk youth, victims of human trafficking and other crimes, the homeless, economically disadvantaged persons, and students. Expected to serve up to 200 individuals. Previous FY funding enabled the program to provide essential behavioral health services to an additional 152 individuals in all categories, county-wide.

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

Improved behavioral health interventions/services/supports. Measured by the reduction in MH/SA related hospitalization, infant/child deaths, and expansion of youth violence reduction strategies, as well as wellbeing outcomes.

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?

Penalties would be reduction of funding specific to behavioral health services.

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 Marty **Last Name** Cassini

b. Organization Broward County Government

c. E-mail Address mcassini@broward.org

d. Phone Number (954)357-7575 **Ext.**

18. Recipient Contact Information

a. Organization Broward County Human Services

b. Municipality and County Broward

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 Cassandra **Last Name** Evans

e. E-mail Address caevans@broward.org

f. Phone Number (954)357-6398 **Ext.**

19. Lobbyist Contact Information

a. Name Robert S. Beck

b. Firm Name PinPoint Results LLC

c. E-mail Address robert@pinpointresults.com

d. Phone Number (850)766-1410

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