



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1607

1. Project Title Breakthrough Osceola

2. Senate Sponsor Kristen Arrington

3. Date of Request 11/21/2025

4. Project/Program Description

Funds will establish Breakthrough Osceola, expanding a proven Orange County program. Since 2018, Breakthrough has supported 220+ youth, with a 75% decrease in Baker Act placements last year. The program helps youth avoid hospitalizations, SIPP placements, and foster or justice involvement. Families work with credentialed Family Support Navigators who provide hands-on crisis support, connect youth to clinical services, and coordinate resources to keep families stable and youth safely at home. Each family is paired with a Family Support Navigator—a credentialed peer with lived caregiving experience—who provides hands-on guidance to connect youth to clinical care, coach caregivers, and coordinate across schools, healthcare, and community systems. By combining evidence-based peer support with practical assistance and targeted financial relief, Breakthrough improves family functioning, reduces public costs, and promotes long-term stability for some of Florida's most vulnerable youth.

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 | 250,461 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 250,461 |

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) | 250,461 | 57% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 0 | 0% |
| Other | 189,231 | 43% |
| Total Project Costs for Fiscal Year 2026-2027 | 439,692 | 100% |

8. Has this project previously received state funding? No

If yes, provide the most recent instance:

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

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.



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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 | | 0 |
| Other Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | Indirect Administrative Costs 10% | 22,769 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs | | |
| Salary and Benefits | 2.0 FTE Peer Support Navigators (\$45,000 salary + \$3442.50 FICA + \$12539.50 benefits (max), each), 1.0 FTE Supervisor (\$55,000 salary + \$4207.50 FICA + \$13,110.50 benefits (max)). | 194,282 |
| Expense/Equipment/Travel/Supplies/Other | Occupancy (\$130/mo/FTE), Laptop & Related Equipment (\$1,400/FTE), Office Supplies (\$100/FTE), Mileage (\$130/mo/FTE), Cell Phone (\$50/mo/FTE), Training (\$1250/FTE), Team Building (\$100/FTE), Outreach (\$1000), Data System User Licenses (\$900/FTE), Client Therapeutic Services (\$10,000). | 33,410 |
| 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) | | 250,461 |

13. Program Performance

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



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The Breakthrough program seeks to improve outcomes for youth with significant mental health needs by reducing reliance on high-cost, restrictive systems of care. Program goals include decreasing psychiatric hospitalizations, SIPP placements, and involvement in foster care or juvenile justice. Breakthrough aims to increase access to coordinated therapeutic services, strengthen family functioning, and build caregiver capacity to advocate effectively within education, healthcare, and community systems. Expected outcomes include improved mental and emotional well-being, enhanced family resilience, and sustained reductions in crisis events—resulting in greater long-term stability and reduced public system expenditures.

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

The Breakthrough program pairs each participating family with a Family Support Navigator, a credentialed peer with lived caregiving experience, who provides individualized guidance and support over approximately six-months. Core activities include home visits, recovery and goal planning, linkage to therapeutic and community-based services, and coordination with schools, healthcare providers, and other systems. Navigators assist families with applications for benefits, crisis response, and transportation, while promoting caregiver self-care and wellness. Breakthrough also offers limited financial assistance to address barriers such as utilities or car repairs, helping families achieve stability and sustain engagement in treatment and recovery.

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

Through Breakthrough, families receive intensive peer-based support designed to stabilize crises and strengthen long-term well-being. Family Support Navigators conduct regular home visits, provide individualized coaching, and connect families to therapeutic and community resources. Direct services include safety planning, coordination of care, advocacy in schools and systems, crisis intervention, and limited financial assistance to remove barriers such as transportation or utilities—ensuring families can fully engage in treatment and build lasting resilience.

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

Breakthrough serves families of children ages 9–16 who have significant mental health diagnoses—such as bipolar disorder, oppositional defiant disorder, or schizophrenia—and have experienced at least two inpatient psychiatric hospitalizations within the past year (or at least one for children ages 9-12). While eligibility is not income-based, most participating families face economic hardship and complex system involvement. The program prioritizes families at high risk of further psychiatric crises, placement disruption, or entry into foster care or the juvenile justice system. We expect to serve 36 households, including a minimum of 72 individuals.

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

Breakthrough is expected to reduce psychiatric hospitalizations, SIPP placements, and youth involvement in foster care or juvenile justice—resulting in stronger families and lower public costs. By increasing access to therapeutic care and improving family functioning, the program helps stabilize high-need households and prevent system re-entry. Outcomes are measured using evidence-based tools, including caregiver and youth surveys, case documentation, and verified service utilization data, tracking reductions in crises, improved caregiver confidence, and sustained engagement in community-based care. Results are analyzed quarterly and reported annually to demonstrate return on investment and long-term impact.

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?

Discussion with Department on why measurements were missed, and placed on a Corrective Action Plan if needed to allow opportunity for corrections to be made.

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)
- ☐ Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)



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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

☒ Non Profit 501(c)(3)



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- ☐ 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.