



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1706

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The program aims to deflect citizens with chronic mental health, substance abuse related issues, chronic disease, and chronic falls from becoming system involved. In helping high service utilizers become self-sustainable, the overall outcomes being achieved are systemic and cost-effective solutions for those is mental and/or physical health crises.

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	574,965
Fixed Capital Outlay	0
Total State Funds Requested	574,965

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)	574,965	79%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	150,000	21%
Total Project Costs for Fiscal Year 2026-2027	724,965	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		
2023-24	0	483,237	378	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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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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	Executive Director (0.15 FTE), Human Services Director (1 FTE), Finance Director (0.15 FTE), Trainer time allocation @ 3,955 for Motivational Interviewing and \$2,318 for Cultural Competency training; payroll taxes and benefits at 29%	187,620
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Crisis Behavioral Care Coordinators (4 FTE), Senior Intervention Specialist (1 FTE), plus payroll taxes and benefits at 29%	287,853
Expense/Equipment/Travel/Supplies/Other	Julota Software	55,980
Consultants/Contracted Services/Study	Contracted Services: in-facility respite, in-home respite, medical supplies and emergency incidentals to assist with activities of daily living (ADLs).	43,512
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		574,965

13. Program Performance

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

The program aims to deflect citizens with chronic mental health, substance abuse related issues, chronic disease, and chronic falls from becoming system involved. In helping high service utilizers become self-sustainable, the overall outcomes being achieved are systemic and cost effective solutions for those is mental and/or physical health crises.

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



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Develop referral, dispatch and follow-up protocol for behavioral health response with Lutheran Services Florida; Crisis Intervention trained & behavioral health specialist to respond to health crisis; team to determine level of care; warm handoff for individuals who are stabilized in the community to the appropriate case manager; data collection and analysis; stakeholder high utilizer staffing.

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

Referral/identification from hospitals, DCF, law enforcement, paramedics of high utilizers; Onsite de-escalation, assessment, and identification of treatment needs; Crisis intervention and brief counseling; Linkage and referral. Follow up as needed to promote crisis resolution and increase quality of life. Evaluation and arrangement for inpatient hospitalization, respite, and ongoing supervision.

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

Elderly persons with poor mental and physical health, economically disadvantaged, homeless, physically disabled. We currently serve an average of 300 seniors quarterly, so with this appropriation request, we plan to double those numbers serving 600 seniors quarterly.

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

Improve physical and mental health, reduce recidivism and substance abuse and divert from criminal/justice system. Monthly data collection, analysis, reporting, program implementation and process evaluation and quality improvement.

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?

Financial penalties for not meeting the outcomes and maintaining staffing level.

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)

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:



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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)
- ☐ 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



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d. Phone Number

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