



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 2316

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This program provides a residential resource for the diversion of seriously mentally ill individuals from less appropriate and more expensive state venues into the community mental health system. The 49 existing beds are priced at \$325 per day, a 14% savings from state cost.

5. State Agency to receive requested funds

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

| Type of Funding | Amount |
|------------------------------------|------------------|
| Operating | 5,633,775 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 5,633,775 |

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) | 5,633,775 | 79% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 1,500,000 | 21% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2026-2027 | 7,133,775 | 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.

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 | | 0 |
| Other Salary and Benefits | Allocation of agency indirect salary and benefits. | 429,000 |
| Expense/Equipment/Travel/Supplies/Other | Allocation of agency indirect expenses, maintenance, supplies, and other. | 214,775 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs | | |
| Salary and Benefits | Salary and benefits for staff to provide direct services to 16 clients 24 hours, 7 days a week. | 3,001,000 |
| Expense/Equipment/Travel/Supplies/Other | Food, supplies, maintenance, utilities, insurance, pharmaceuticals, etc to house and provide services. | 1,535,000 |
| Consultants/Contracted Services/Study | Contracted expenses to cover shifts as needed. | 454,000 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | 0 |
| Total State Funds Requested (must equal total from question #6) | | 5,633,775 |

13. Program Performance

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

Step-down & diversion services for individuals w/ serious mental illness who are involved in the CJ system are needed to maximize State & law enforcement resources in the community & the State psychiatric system. This program provides a residential resource for the diversion of seriously mentally ill individuals from less appropriate and more expensive state venues into the community mental health system. The 49 existing beds are priced at \$325 per day, a 14% savings from state cost.

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



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The provision of Level 1 Community Residential Facility housing associated competency restoration, psychiatric, case management, court liaison, discharge planning, group and individual counseling, psychiatric assessment and psychiatric rehabilitation services for individuals diverted from the criminal justice system and stepped down from the State secure forensics facilities.

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

Level 1 Community Residential Facility housing and associated competency restoration, psychiatric, case management, court liaison, discharge, planning, group and individual counseling, psychiatric assessment and psychiatric rehabilitation services for individuals diverted from the criminal justice system and stepped down from State secure forensic facilities.

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

Persons with poor mental health, homeless persons, currently or formerly incarcerated persons, and drug offenders.

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

Improve physical health, improve mental health, improve quality of education, enhance specific individual's economic dself sufficiency, reduce recidivism, reduce substance abuse, and divert from criminal/juvenile justice system.

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?

Funds returned to state.

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:

16. Has the entity applied for or received state assistance for this project (other than this request)?



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- 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

d. Phone Number



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