



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1325

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Jewish Family Services (JFS) Tri-County Affordable Behavioral Health Collaboration will continue to serve individuals in Broward, Miami-Dade and Palm Beach Counties by providing affordable access to behavioral health services to promote client well-being and emotional stability. The collaboration uses trained behavioral health professionals to provide services to children, adults, and seniors who are experiencing a variety of issues such as depression, trauma, anxiety, etc.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	2,025,000
Fixed Capital Outlay	0
Total State Funds Requested	2,025,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,025,000	80%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	505,000	20%
Total Project Costs for Fiscal Year 2024-2025	2,530,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	1,200,000	378	No

9. Is future 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.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1325

We received a total of \$89,660 in Covid19 relief funding. Funds were used as follows: \$27,000 for Mental Health Counseling , \$29,111 for Employee retention, and \$33,450 for Meals on Wheels.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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?

12. 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.

13. 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: Other		
Salary and Benefits	Funding will be used to hire behavioral health professionals to provide direct services and other professionals to provide clinical support services including quality assurance, intake, and/or other.	2,025,000
Expense/Equipment/Travel/Supplies/Other		0
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)		2,025,000

14. Program Performance

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

Together, we provide over 35,000 visits/hours of behavioral health services annually to the Broward, Miami-Dade, and Palm Beach counties. With additional funding, this program will provide 8,640 visits/service hours to ensure the uninsured and under-insured have access to affordable behavioral health services with a goal of improving emotional well-being.

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1325

The JFS Affordable Behavioral Health Collaboration will provide behavioral healthcare to children, adults, and seniors, who are experiencing a variety of issues such as depression, trauma, anxiety, etc. Treatment will be provided by trained behavioral health professionals to improve client well-being and emotional stability.

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

Collectively, we have over 250 years of expertise in providing comprehensive, trauma-informed behavioral health services to the South Florida community. Over the last 3 years, we have seen a significant increase in requests for behavioral health services. This funding will allow us to expand behavioral health services and clinical support to serve over 1000 uninsured or under-insured individuals.

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

Approximately 1,000 uninsured, or underinsured individuals will be served. Target population will include: elderly, individuals with poor mental health, economically disadvantaged persons, adults, at risk youth, and/or grade school, high school and university students.

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

80% of clients who complete pre/post treatment evaluations will demonstrate an improvement in behavioral health. Approximately 1000 clients will receive over 8,640 treatment sessions/service hours. Methodology: Collectively, we have over 250 years of expertise in providing comprehensive, trauma-informed behavioral health services to the South Florida community. Over the last 3 years, we have seen a significant

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 the contract?

Penalties for not meeting contracted deliverables may warrant decreased funding.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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)



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1325

d. First Name Last Name
e. E-mail Address
f. Phone Number

17. Lobbyist Contact Information

a. Name
b. Firm Name
c. E-mail Address
d. Phone Number