



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1336

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Marion County's Co-Responder program diverts seniors from costly acute care settings, provide appropriate assessment and community support services needed to allow seniors to live independently and age in place. This once Pilot Project with Lutheran Services Florida (Law Enforcement Co-Responder) has grown into a larger network of service providers corroboratively creating care plans for the county's highest utilizers of emergency services for our greater generations.

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	549,098
Fixed Capital Outlay	0
Total State Funds Requested	549,098

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)	549,098	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 2024-2025	699,098	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	483,237	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.

None identified yet.

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.



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Total ARP awarded Jan 1, 2022 to Sep 30, 2024 - \$1,143,848.01
 Total Cares money received Aug 2020 to Aug 2021 - \$32,809.49
 Total ARP money received Mar 2022 to Dec 2022 - \$251,236.19

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	Executive Director (130,000 x .15 FTE), Human Services Director (88,000 x 1 FTE), Finance Director (90,000 x .15 FTE), Trainer time allocation @ 3,955 for Motivational Interviewing and \$2,318 for Cultural Competency training; payroll taxes and benefits at 28%	209,858
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Project Coordinator (58,000 x 1 FTE), Case Manager (55,000 x 1 FTE), Care Coordinator (45,000 x 1 FTE) plus payroll taxes and benefits at 28%	202,240
Expense/Equipment/Travel/Supplies/Other	Julota software	55,980
Consultants/Contracted Services/Study	Specialized contracted rate for respite (\$81.02 in facility/\$47.58 in-home)	81,020
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		549,098

14. Program Performance

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



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Meeting the health, safety, and service needs of geriatric residents and their families in Marion County, Florida to divert those individuals from acute care facilities. The team aims to serve individuals with chronic health issues, reoccurring hospital admissions, opiate use disorder, lack of or access to primary care services, frequent EMS transport, high utilizers of emergency departments, and high utilizers of the 9-1-1 system.

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

(1) Development of dispatch protocols for mental health response (2) Paramedicine professional & Licensed Clinician to respond to behavioral health crisis, dispatched by 911 (3) Clinician to assess and determine level of care (3) Warm hand-off for individuals who are stabilized in the community to a care coordinator and peer support specialist (5) Data collection & analysis.

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

(1) On-site de-escalation, assessment and identification of treatment needs (2) Crisis intervention and brief counseling (3) Linkage and referral (4) Follow-up as needed to promote crisis resolution (5) Evaluation and arrangement for inpatient hospitalization as needed; (6) On-going supervision by care coordinator and the peer support specialist to ensure individual is engaged in services.

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 the contract?

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

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



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University or College

Other (please specify)

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