



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1380

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Homelessness in Palm Beach County has increased by more than 30 percent in the past year. The Lord's Place is addressing this challenge by expanding its services for homeless adults with serious behavioral health conditions. This funding will strengthen The Lord's Place's ability to provide mental health care and recovery support for hundreds of extremely vulnerable unsheltered and formerly homeless adults. This will contribute to improved housing stability and health and well-being among the homeless population, which will enhance the quality of life for all Palm Beach County residents.

5. **State Agency to receive requested funds**

**State Agency contacted?**  No

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

Type of Funding	Amount
Operations	300,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>300,000</b>

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)	300,000	16%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,610,758	84%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>1,910,758</b>	<b>100%</b>

8. **Has this project previously received state funding?**  No

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**  Yes

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

Other funding for this project is provided through annual fundraising, grant seeking, social enterprises, and other fundraising campaigns.

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



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

## 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	N/A	0
Other Salary and Benefits	Administrative staff salaries	27,273
Expense/Equipment/Travel/Supplies/Other	N/A	0
Consultants/Contracted Services/Study	N/A	0
<b>Operational Costs: Other</b>		
Salary and Benefits	Salaries and benefits for program staff	222,703
Expense/Equipment/Travel/Supplies/Other	Other operating costs including, but not limited to utilities and client services	8,024
Consultants/Contracted Services/Study	Contracted service for Caring 4 All of You, psychiatric care and services	42,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>300,000</b>

### 14. Program Performance

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



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

The Lord's Place will provide mental health screening, care, support, and coordination for people experiencing homelessness in Palm Beach County, Florida. The agency will provide integrated health care, including psychiatric care, medication management, treatment plan follow-up, recovery support, and care coordination for a subset of clients with serious behavioral health conditions.

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

The Lord's Place assists people experiencing homelessness with scheduling and attending mental health care appointments, enrolling in health insurance, following medication regimens, accessing food and basic needs items, remaining in recovery from substance use, maintaining housing and economic stability, and re-establishing family relationships and community involvement.

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

We expect to serve more than 1,800 homeless clients and their families this year.

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

By increasing our capacity, we expect to show a greater number of clients served than in the past, as well as an increase in positive behavioral health indicators such as reduced emergency services usage (e.g. ER visits, arrests, detox, crisis stabilization, Baker Acts), access to health insurance, and housing stability. Our agency will use its existing data collection processes to generate activity and performance data for this appropriation.

**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?**

In the event that there is a failure to meet deliverables, penalties can be determined by the appropriate state agency. Performance measures will include an increase in positive behavioral health indicators such as reduced emergency services usage (e.g. ER visits, arrests, Baker Acts), access to health insurance, and housing stability.

**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)



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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

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number