



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1261

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

The current service referral system struggles to meet the needs of residents with complex, multi-faceted challenges. Residents face a fragmented network of service providers and delays in receiving essential support. An urgent need exists for an efficient, accountable process that fosters organizational collaboration and improves care quality. The Community Connections Council (C3) network offers a comprehensive solution. By leveraging technology, C3 streamlines referrals, enabling seamless coordination and communication. Its emphasis on cross-sector collaboration and data sharing supports a closed-loop, person-centered approach to care. This model enhances engagement with services, reduces the burden on residents, and allows care teams to better track client progress.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operating | 500,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 500,000 |

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

| Type of Funding | Amount | Percentage |
|--|------------------|-------------|
| Total State Funds Requested (from question #6) | 500,000 | 42% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 350,000 | 29% |
| Other | 350,000 | 29% |
| Total Project Costs for Fiscal Year 2025-2026 | 1,200,000 | 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 | | |
| | | | | |

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.

211 Broward could seek out other grants from foundations and local donors



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

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 | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs | | |
| Salary and Benefits | 4.2 FTE, 23% benefits cost. Director of C3 Programming (.35) and Director of Network Expansion (.35) co-lead internal and external efforts. C3 Navigators (3.5): \$52,000/yr respond electronically to requests and provide referrals in closed loop system. Identify and enroll new resources. | 315,000 |
| Expense/Equipment/Travel/Supplies/Other | Primary training costs and support to build the C3 Network adding 50 new partners. (\$100,000) Laptops, headsets, software. Attendance at national or regional best practices training. Community Outreach. (\$10,000) | 110,000 |
| Consultants/Contracted Services/Study | Two expert consultants will be procured to build capacity of First Call for Help staff. The first consultant will teach staff how to replicate the model in new communities. The second consultant will train First call for Help staff on best practices on facilitating provider network interactions to keep providers engaged in the system to ensure maximum community efficiencies. | 75,000 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | 0 |
| Total State Funds Requested (must equal total from question #6) | | 500,000 |



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Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1261

13. Program Performance

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

211 First Call for Help launched an innovative trust network, C3, in Broward to enhance care coordination by enabling social service and healthcare providers to securely share client information. C3 reduces stress for those in need and improves staff management. Requested funds will recruit and train new providers to send and receive electronic referrals, addressing health-related social needs and forming revenue-positive partnerships for program sustainability.

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

Recruit 50 new provider partners on the C3 network. Provide ongoing training and support for all partners. Send and receive electronic referrals to address the health-related social needs of Floridians. Form strategic partnerships that are revenue positive to achieve program sustainability.

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

Citizens will receive streamlined referrals to vetted community partners that have verified capacity, thereby ensuring a more seamless and efficient provision of community services and critical support that improves their access to health, mental health, and social care resources. Increased follow-up, and confirmation of care are key components of the significant difference C3 offers.

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

The C3 network will serve anyone in need, however, the primary focus populations include elderly persons, at-risk youth, economically disadvantaged persons, persons with poor physical health, and persons with poor mental health. More than 800 individuals are expected to be served.

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

90% of participants seeking healthcare will be connected to a physical health provider or resource that confirms the care was received and had a positive impact. Closed loop system will track and demonstrate percentage achieved. Client/member will report improved physical health.
 85% of participants seeking behavioral health services will be connected to a mental health provider or resource that confirms the care was received and had a positive impact. Closed loop system will track and demonstrate percentage achieved. Client/member will report improved well-being.

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?

Failure to meet performance measures would result in a loss of funds.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No Yes

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):

C3 is part of the Unite FL network and will assist recovery/resilience efforts in future disasters

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1261

- 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)?

- 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



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Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1261

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

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