

### The Florida Senate **Local Funding Initiative Request** Fiscal Year 2025-2026

**LFIR # 1753** 

1. Project Title	The Lord's Place Menta Homelessness	Health Care for People Experiencing
2. Senate Sponsor	Mack Bernard	
3. Date of Request	2/25/2025	
4. Project/Program D	escription	
addressing this cha fortify the agency's	llenge with services for hon ability to continue providing	joing issue as housing costs continue to rise. The Lord's Place is eless adults with serious behavioral health conditions. This funding will mental health care and recovery support. This will contribute to improved any the homeless population, which will enhance the quality of life for all

5. State Agency to receive requested funds

Department of Children and Families

**State Agency contacted?** 

Palm Beach County residents.

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

Type of Funding	Amount
Operating	300,000
Fixed Capital Outlay	0
Total State Funds Requested	300,000

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)	300,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	300,000	100%

8. Has this project previously received state funding? If yes, provide the most recent instance:

Yes	

Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2024-25	0	300,000	377	No	

9. Is future-year funding likely to be requested?

Yes

a. If yes, indicate nonrecurring amount per year.

300.000

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.



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#### Complete questions 10 and 11 for Fixed Capital Outlay Projects

l0. Status of Const		the project?				
Planning	O Design	Construction	O N/A			
b. Is the project	"shovel ready"	(i.e permitted)?				
c. What is the e	stimated start da	ate of construction?				
d. What is the e	stimated comple	etion date of constru	ction?			
e. What funding	stream will be ι	used for ongoing ope	erations and m	aintenance o	of the project?	
11. List the owner relationship be	s of the facility t	o receive, directly or ers of the facility and	indirectly, any the entity.	/ fixed capita	al outlay fundi	ng. Include the
11. List the owner relationship be	s of the facility t etween the owne	o receive, directly or ers of the facility and	indirectly, any the entity.	/ fixed capita	al outlay fundii	ng. Include

#### 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	Administrative staff salaries	27,273		
Expense/Equipment/Travel/Supplies/Other		0		
Consultants/Contracted Services/Study		0		
Operational Costs				
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		
Fixed Capital Construction/Majo	r Renovation:			
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (must equal total from question #6) 300,000				

#### 13. Program Performance

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

Homelessness in Palm Beach County is an ongoing issue as housing costs continue to rise. The Lord's Place is addressing this challenge with services for homeless adults with serious behavioral health conditions. This funding will fortify the agency's ability to continue providing mental health care and recovery support. 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 PBC residents.

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



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Services accessed within The Lord's Place engagement center include outreach, physical and behavioral health clinical care coordination, housing, re-entry support, case management, and employment services. The CARE Team program operates seamlessly across all of our programs. The approach ensures comprehensive care and service coordination for homeless clients and their families. The CARE Team addresses the local behavioral health system gaps for the most underserved and marginalized individuals as we expand.

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 over 1.800 people experiencing homelessness 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 maintaining our capacity, we will continue to see 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 in 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.

4. Is	4. Is this project related to mitigation, response, or recovery from a natural disaster? No					
a. I	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 infastructure)					
b. I	Name of the natural disaster (or Executive Order # for events not under a federal declaration):					
15. Ha	as the entity applied for or received federal assistance for this project?					
	Yes, Applied					
	□ Yes, Received					
	No					
	No, but intends to apply					
a. I	f yes, provide the FEMA project worksheet ID#:					

b. Provide the total project cost listed on the FEMA project worksheet:



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16. Has the entity app	olied for or received state	assistance for this projec	ct (other than this request)?
☐ Yes, Applied			
☐ Yes, Received			
□ No			
□ No, but intends to	o apply		
a. If yes, specify the Commerce):	e program and state ager	ncy (ex. Local Governmen	nt Emergency Bridge Loan, Depart
7. Requester Contact	t Information		
a. First Name	Melanie	Last Name Chen	
b. Organization	The Lord's Place		
c. E-mail Address	mchen@thelordsplace.org	9	
d. Phone Number	(561)433-6018	Ext.	
B. Recipient Contact a. Organization	The Lord's Place		1
b. Municipality and	-		
c. Organization Ty			
□For Profit Entity			
☑Non Profit 501(c			
□Non Profit 501(c	<del>)</del> )(4)		
□Local Entity			
□University or Co	ollege		
☐Other (please sp	pecify)		
d. First Name	Raymond	Last Name Morse	
e. E-mail Address	rmorse@thelordsplace.or	g	
f. Phone Number	(561)578-4929	Ext.	
9. Lobbyist Contact I	nformation		7
a. Name	None		
b. Firm Name			



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c. E-mail Address		
d. Phone Number $igl[$		

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