



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2120

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The number of overdose deaths have increased but senior deaths have increased each of the past three years. We will work with researchers/epidemiologists to better understand who of our seniors are dying and why. By convening strategic partners and researchers, Live Tampa Bay will identify and build up needed community resources and interventions to address underlying causes of overdose. With partners, we will deploy these resources/interventions strategically throughout our region. We anticipate serving 16,500 seniors through connection to care, prevention programs, lifesaving public health campaigns, and better collaboration across sectors. Researchers will perform a mid-term and post-evaluation to ensure interventions are working to reduce the overall number of deaths in our aging population.

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	525,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>525,000</b>

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)	525,000	57%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	150,000	16%
Other	250,000	27%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>925,000</b>	<b>100%</b>

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.**



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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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Executive Team Project Research, Intervention Deployment, and Public Health Campaign Support (CEO, COO, Anti-stigma Director)	75,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Community Liaisons (.4 FTE + fringe x 4) and Communication/Outreach Director (.25 FTE)	113,377
Expense/Equipment/Travel/Supplies/Other	mileage; public health campaign; uber health transportation; supportive housing; at home medication dispersal systems, naloxone, connection to care, and other supportive services TBD by research	236,623
Consultants/Contracted Services/Study	Aging and Substance Use Epidemiologist Research (pre-, mid-term, and post-evaluation)	100,000
<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>525,000</b>

### 13. Program Performance

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



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While we are finally seeing a reduction in overall deaths from the opioid/overdose crisis, those over 60 years old are still seeing an increase in the number of deaths. Yet little is known of this population and few programs are designed with older adults in mind. This program aims to reduce the number of elder deaths by 1) measuring outcomes of efforts currently being implemented, 2) in coordinating/sharing data and lessons learned across silos 3) tweaking implementation of efforts based on data/lessons learned, and 4) assisting in identification and/or development of community supports to better serve this population.  
enforcement in navigation of post-overdose victims.

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

We will 1) share best practices and data with providers supporting senior 2) help to coordinate roll-out of new evidence-based practices as appropriate, and 3) train and assist with certification of older peers who work with these programs.

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

Citizens will gain increased access to treatment/recovery and other evidence-based, data driven, best practices to increase their likelihood of surviving overdose/not overdosing in the future. Citizens will increase access to prevention/harm reduction public health campaigns and supplies (like disposeRX, narcan, etc). Citizens will receive nonclinical direct services via certified peer recovery specialists and navigators.

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

This program will serve 16,500 seniors and retirees over 60 years old. Across America according to SAMHSA (2022), 14% of those 60 and older have struggled with substance use disorder in the past year. If this holds true to the Tampa Bay region, then we would anticipate a potential service population of 169,917. We aim to serve 10% of this population. Yet, it is hypothesized by experts in the behavioral health field that not all seniors who fatally overdose have SUD. So, learning more of this population will help us better serve this total population of 1.2 million living in the Tampa Bay region.

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

An integrated intervention built from research into the causes of overdose fatality in older adults in the Tampa Bay region and best practices for addressing these causes. Our research partners will perform pre-, mid-, and post-intervention research. The research will include process evaluations, along with the number of individuals dying prior to and after intervention is deployed.

**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?**

If the post-intervention, does not produce a decrease in the number of overdose deaths in older adults, then this strategy should be abandoned or improved upon by others. All data and materials will be shared to ensure knowledge is not lost and can be improved upon by others.

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

**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):**

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

- Yes, Applied



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- 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



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University or College

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.*