



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2238

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Establish a pilot remote behavioral health co-responder program to supplement CIT trained deputy sheriff's responses to individuals in the community experiencing behavioral health issues. The program will utilize clinicians , via a secure telehealth portal, to respond virtually when requested by a responding deputy to assist deescalation and/or provide clinical based preliminary interventions. The pilot is based upon a successful program in the Cook County, Illinois Sheriff's Office.

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

State Agency contacted? No

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

Type of Funding	Amount
Operating	103,982
Fixed Capital Outlay	0
Total State Funds Requested	103,982

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)	103,982	67%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	38,700	25%
Other	12,900	8%
Total Project Costs for Fiscal Year 2025-2026	155,582	100%

8. **Has this project previously received state funding?** Yes

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	82,375	377	Yes

9. **Is future-year funding likely to be requested?** No

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

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

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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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		0
Expense/Equipment/Travel/Supplies/Other	60 IPAD 102, 10th generation with 64GB with charger, cord, HIPPA compliant software and Otterbox Symmetry Service Case	38,700
Consultants/Contracted Services/Study	1400 hrs of contracted clinician time at \$46.63 per hour.	65,282
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		103,982

13. Program Performance

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

An anticipated 65% of deputy/clinicians incidents will result in an acceptance of intervention. These interventions reduce incarceration rates and will supply the person receiving the intervention behavior health care needed to avoid Marchman or Baker Acts and incarceration.

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

Deputies will receive 40 hours of CIT training each year with specialized sessions on SUD recognition and successful intervention techniques to respond to possible behavior health calls for service. When the deputy determines clinical intervention is appropriate, the deputy will provide the individual with a tablet to engage with a clinician via telehealth portal.



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

Tablets will be deployed to trained deputies so that remote access is immediately available for persons experiencing a behavior health crisis to link to a clinician to abate the risk of an overdose , Marchman or Baker Act, or incarceration.

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

Individuals who are experiencing a behavior health crisis that has resulted in a call for service to the Broward Sheriff's Office.

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

An anticipated 65% of deputy/clinicians incidents will result in an acceptance of intervention. These interventions reduce incarceration rates and will supply the person receiving the intervention behavior health care needed to avoid Marchman or Baker Acts and incarceration. All generated responses will be documented and results tabulated as to what method of intervention is accepted. Those not accepting of intervention will be checked for criminal justice involvement, Marchman and Baker Act hospitalizations and overdose related calls for service.

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?

Return of State Funding.

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
- 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



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- 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
- 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



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