



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2279

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Step-down & diversion services for individuals w/ serious mental illness who are involved in the CJ system are needed to maximize state & law enforcement resources in the community & the state psychiatric system. This program provides a residential resource for the diversion of seriously mentally ill individuals from less appropriate cost and/or more expensive venues into the community mental health system. The beds would be priced at \$325 per day, a 14% savings. This issue is included in the Department of Children and Families Legislative Budget Request.

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	17,082,000
Fixed Capital Outlay	0
Total State Funds Requested	17,082,000

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)	17,082,000	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	17,082,000	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.**

N/A



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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	Allocation of agency indirect salary and benefits	1,134,000
Expense/Equipment/Travel/Supplies/Other	Allocation of agency indirect expenses, maintenance, supplies, other	588,000
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Salary and benefits for staff to provide direct services to 16 clients 24 hours, 7 days a week	8,397,000
Expense/Equipment/Travel/Supplies/Other	Food, supplies, maintenance, utilities, insurance, pharmaceuticals, etc. to house and provide services	5,841,000
Consultants/Contracted Services/Study	Contracted expenses to cover shifts as needed	1,122,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		17,082,000

13. Program Performance

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

Step-down & diversion services for individuals w/ serious mental illness who are involved in the CJ system are needed to maximize State & law enforcement resources in the community & the State psychiatric system. This program provides a residential resource for the diversion of seriously mentally ill individuals from less appropriate cost and/or more expensive venues into the community mental health system. The beds would be priced at \$325 per day, a 14% savings. This issue is included in the Department of Children and Families Legislative Budget Request.



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

The provision of Level 1 Community Residential Facility housing and associated competency restoration, psychiatric, case management, court liaison, discharge planning, group and individual counseling, psychiatric assessment and psychiatric rehabilitation services for individuals diverted from the criminal justice system and stepped down from State secure forensic facilities.

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

Level 1 Community Residential Facility housing and associated competency restoration, psychiatric, case management, court liaison, discharge planning, group and individual counseling, psychiatric assessment and psychiatric rehabilitation services for individuals diverted from the criminal justice system and stepped down from State secure forensic facilities.

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

High-risk seriously mentally ill forensic residential populations.

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

This program provides a residential resource for the diversion of seriously mentally ill individuals from less appropriate cost and/or more expensive venues into the community mental health system. The beds would be priced at \$325 per day, a 14% savings & this is included in DCF's LBR.

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?

Require Corrective Action

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:



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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
- 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



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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.