



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3134

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

**4. Project/Program Description**

The funds will launch Breakthrough Osceola to reduce Baker Act exams and hospitalizations for youth in Osceola County. The program provides peer-based care coordination through Family Support Navigators, who will connect families and caregivers of youth with a Baker Act to evidence-based mental health services, crisis intervention, and support for housing, food, and transportation needs. This initiative aims to empower caregivers, improve mental health outcomes, and promote family stability for at-risk youth.

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	475,227
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>475,227</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)	475,227	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>475,227</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**



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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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Indirect Administrative Costs	43,203
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	4 FTE Family Support Navigators (\$43,000 ea.) 1 FTE Family Support Manager (\$54,044) Benefits (\$80,830 total): FICA 7.65%, Worker's Comp. 1%, Disability Insurance .99%, Life Insurance .22%, Health Savings, Health Insurance max, 401K Match 4% Max	306,874
Expense/Equipment/Travel/Supplies/Other	Needs-Based Client Assistance: \$90,000 Occupancy: \$6,000 Laptop & Related Equipment: \$7,000 Office Supplies: \$500 Local Mileage \$6,000 Cell Phone \$3,000 Navigator Counseling: \$6,400 Conferences & Training: \$6,250	125,150
Consultants/Contracted Services/Study		0
<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>475,227</b>

**13. Program Performance**

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



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The funds will launch Breakthrough in Osceola County to reduce Baker Act exams and hospitalizations for Osceola youth by providing care coordination through Family Support Navigators. Navigators will serve approximately 60 families in FY 2025-26, connecting them to evidence-based services, empowering caregivers, and improving mental health outcomes.

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

The funds will support peer-based care coordination through Family Support Navigators who link families to evidence-based resources and provide crisis intervention to prevent Baker Act incidents. Additional services include mentorship, therapy access, and support for basic needs such as housing, food, and transportation, ensuring improved mental health outcomes and family stability.

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

Family Support Navigators have lived experience as caregivers and offer care coordination, peer counseling, and advocacy. Families are connected to therapeutic services, support groups, and crisis intervention resources. Navigators assist with meeting urgent needs like housing, food, and transportation, helping to prevent repeated hospitalizations and improve the well-being of youth.

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

The majority of the funds will serve these target populations or groups in Osceola County: Persons with poor mental health and their caregivers, economically disadvantaged persons, at-risk youth and their caregivers, developmentally disabled, juvenile justice-involved youth and their caregivers, and K-12 students and their caregivers. We are expecting to serve 60 families, or 101-200 individuals.

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

The Breakthrough Osceola program will improve mental health outcomes for at-risk youth and their caregivers, reducing Baker Act incidents, hospitalizations, and juvenile justice involvement. It also seeks to enhance caregiver stability through peer support, therapeutic services, and basic needs assistance. Outcomes will be measured by tracking reductions in Baker Act exams and hospitalizations, successful case closures, and stability improvements. Data will be gathered through program service records, navigator reports, case closure data, caregiver feedback surveys, and basic needs surveys. Records are informed by updates from therapeutic partners. The program always has a release with those partners so that they can share case notes, or progress reports, from a clinical perspective.

**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?**

Discussion with Department on why measurements were missed and placed on a Corrective Action Plan if needed to allow opportunity for corrections to be made.

**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
- University or College



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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.*