HEALTH SYSTEMS

Submission of Information

Request for Changes from Currently Contracted Network Service Providers or Request for Funding from Uncontracted Service Providers

Introduction

LSF Health Systems (LSFHS) is the Managing Entity for the Florida Department of Children and Families (DCF) Substance Abuse and Mental Health (SAMH) programs in the Northeast and North Central Florida Region. LSFHS is responsible for the administration of mental health and substance abuse treatment programs for the underserved populations creating a safety net for vulnerable consumers.

Each program serves the neediest individuals that meet DCF's SAMH target population criteria in the Northeast and North Central region and provides for a comprehensive array of outpatient, inpatient and residential services including, but not limited to; therapy, case management, medication management, residential, room and board, crisis and emergency support, prevention, intervention, outreach, peer services, supported housing, and supported employment.

LSFHS uses the Submission of Information process for the following:

- Requests for funding from uncontracted service providers;
- Requests for restoration of funds pulled due to lapse;
- Requests for changes to programming;
- Request for shifts between funding areas;
- Requests for an increase in funding for any reason.

It is the policy for contracted Network Service Providers to provide information and justification for any of the above circumstances. LSFHS accepts submissions from providers at any time and may also initiate this process due to a specific funding concern within the system of care including the need to redistribute lapsed funding.

Submissions shall be submitted to the Network Service Provider's assigned Network Manager via email. LSFHS Management Team will review all submissions, conduct an analysis of the impact of the request, and provide a written response, if chosen for the next step in the selection process. Additional information and follow-up questions may be solicited based on this review.

Funding Request Form

Please fill out the information below accurately and completely, then submit to procurement@lsfnet.org.

1. **Organization Name, Address and Contract Number (if current Network Service Provider):**

Ocala Police Department, 402 South Pine Avenue, Ocala, Florida 34471

2. **Organization Contact Person Name, Email, and Phone Number for this Submission:**

LaFayetta Hodges, lhodges@ocalapd.gov, 352-369-7085

3. **Briefly describe the programs, counties and populations served which are impacted by this request.**

The Ocala Police Department is requesting support for its Police Chaplain Program, which provides emotional, spiritual, and wellness-focused assistance to sworn officers, civilian staff, and their families. The program supports personnel during critical incidents, high-stress calls, traumatic events, and personal hardships. Chaplains also assist with community-facing situations such as death notifications, crisis response, and moments when residents need compassionate support. This request directly strengthens the department's internal wellness efforts and enhances its ability to respond to community needs with care and professionalism.

The program serves the City of Ocala, located within Marion County, with a population of 70,251 residents. While the primary beneficiaries are Ocala Police Department employees and their families, the broader community is also impacted through improved officer well-being, enhanced crisis response, and increased access to supportive services during emotionally difficult events. By investing in the Chaplain Program, the department can better meet the needs of both its workforce and the residents it serves.

4. **Briefly describe your organization's need for additional funding, for a change in programming and/or for a change in funding as currently allocated. Please include the dollar amount(s) you are requesting and whether or not the amount requested is for a full year or partial. If the need for additional funding is due to funding being lapsed in the previous Fiscal Year, please provide an explanation for the lapse and describe your organization's capacity to spend funds if restored.**

The Chaplain Program is currently supported entirely by volunteers who provide pastoral care, counseling, and spiritual support as their schedules allow. While their service has been invaluable, relying solely on volunteer availability creates gaps in coverage, especially during critical incidents or periods of high demand. To ensure consistent, reliable support for department personnel and community members, the Ocala Police Department is seeking funding to establish a full-time Chaplain position.

The total annual request is $99,779, which includes an updated salary of $65,714 with a 3 percent cost-of-living adjustment, benefits totaling $27,022, travel funds of $1,385 for required professional development, and $5,658 in operating expenses to support essential communication tools, office needs, and chaplaincy certifications. The department has full capacity to manage and expend these funds in accordance with city procurement policies, and any costs beyond the grant allocation will be covered by the City to ensure uninterrupted service.

5. **Briefly describe your organization's plan for the additional funding, change in funding or change in programming. In the event that a service is being discontinued, this plan should outline how the previously served population will be served after the change is made.**

Without additional funding to hire a full-time chaplain, the Ocala Police Department will be required to continue operating the Chaplain Program on a volunteer-only basis. While our volunteers provide meaningful support, relying solely on their availability limits our ability to deliver consistent, professional, and comprehensive care to personnel and community members during critical incidents.

This volunteer-driven model creates unavoidable gaps in coverage and reduces continuity of service, especially as the demand for chaplaincy support continues to grow. Without a funded full-time position to provide steady leadership, training, and oversight, the department will not be able to expand or strengthen services beyond the current limited capacity. The population previously served will continue receiving support, but it will remain dependent on volunteer availability rather than a reliable, dedicated chaplain.

6. **If a license is required for the proposed program, have you obtained it (DCF Substance Abuse license for Outpatient services, AHCA license, etc.)? If not, but you have submitted your application, please describe what stage in the process you are in?**

N/A

7. **Briefly describe your organization's expertise about the delivery of service to the identified population which will be impacted by this change.**

The Ocala Police Department has established strong expertise in providing chaplaincy support to its workforce and the community. Through the Chaplain Program, the department has consistently delivered compassionate guidance, confidential support, and steady assistance during emotionally difficult situations. Our chaplain has supported employees through stress, grief, and critical incidents, promoted mental and emotional wellness across the agency, and assisted community members during crises. This experience demonstrates the department's ability to deliver effective, meaningful chaplaincy services to the population that will be impacted by the proposed change.

8. **Are the changes outlined above to be made for this fiscal year only or to be continued beyond year-end into subsequent fiscal years, assuming an ongoing contractual relationship between the agency and LSF Health Systems? Please explain this response.**

The changes outlined in this request are intended to continue beyond the current fiscal year and into subsequent years, assuming an ongoing contractual relationship with LSF Health Systems. Establishing a full-time Chaplain is a long-term programmatic need, not a temporary adjustment, and continued funding will allow the department to maintain consistent support for employees and the community. Sustaining this position ensures stability, continuity of care, and the ongoing delivery of essential chaplaincy services.

9. **Define and describe the Program Goals.**

The goal of the Chaplain Program is to provide compassionate, holistic support to individuals experiencing emotional, spiritual, or personal challenges. The program is designed to strengthen the well-being of Ocala Police Department personnel and the community by offering confidential support, guidance during difficult events, and resources that promote resilience. Through consistent presence and trained intervention, the program aims to help individuals navigate stress, trauma, and crisis while fostering a supportive environment that encourages stability, healing, and overall wellness.

10. **Define and describe the Proposed Outcome Measures for the program in which funding is being requested.**

The program will measure Improved Spiritual Comfort through brief post-interaction surveys or interviews. These tools will capture whether individuals feel increased peace, comfort, or emotional relief after meeting with the chaplain. Feedback will be documented and reviewed to track impact and guide program improvements.

11. **Outside organizations only: Describe your organization's data collection capacity and list the name of the data collection system. If you utilize an Electronic Health Record (EHR) system, confirm its capacity to export data as an XML file.**

The Ocala Police Department collects chaplaincy data through its structured Chaplain's Monthly Report, which documents all activities, including counseling sessions, ride-a-longs, training, and department engagement. For example, the April report records "Private counseling Sessions – 10" and "Ride-a-longs Completed – 18 (for a total of 67 hours)." This system provides consistent, auditable data, and the department has full capacity to compile and report this information for program monitoring and evaluation.

12. **Outside organizations only: Describe your organization's business administration capacity specifically related to human resources and financial management.**

The Ocala Police Department has strong business administration capacity supported by a dedicated Human Resources team of three full-time professionals who manage recruitment, onboarding, performance management, and employee relations. In addition, the department maintains its own in-house fiscal team that oversees payroll processing, financial tracking, and grant-related expenditures. As a department under the City of Ocala, benefits administration and broader financial oversight are supported through the City's centralized systems, ensuring accuracy, compliance, and consistent adherence to all applicable regulations.

13. **Outside organizations only: Level 2 Background Screening, through the DCF Clearinghouse, is a requirement for staff members from each agency who enters into a contract with LSFHS. Does your organization currently conduct Level 2 Background Screenings for staff members using this method? If not, are you willing to conduct the required screenings for compliance with the contract?**

Yes. Our organization conducts Level 2 Background Screenings through the DCF Clearinghouse as required. For the prior contract, we ensured our chaplain completed the appropriate DCF-level screening (Mental Health/Substance Abuse). The screening was processed through Accurate and successfully completed on March 9, 2026, and is valid for five years. We remain fully willing and able to complete all required Level 2 screenings for continued compliance with LSF Health Systems.

14. **Please provide, as an attachment, the Exhibit C and D - Projected Operating and Capital Budget, using the most recent template, outlining the requested funding including OCAs and associated covered services. Statistics or data regarding utilization to substantiate the request may also be supplied.**

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Signature of Organization's CEO **Date**

DocuSigned by:
Peter Lee City Manager 6/8/2026
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Signature of Organization's Contract Manager **Date**

Certificate Of Completion

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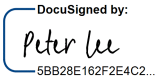
Peter Lee plee@ocalafl.org City Manager City of Ocala Security Level: Email, Account Authentication (None)	DocuSigned by:  5BB28E162F2E4C2... Signature Adoption: Pre-selected Style Using IP Address: 216.255.241.120 Signed using mobile	Sent: 6/8/2026 1:38:17 PM Viewed: 6/8/2026 3:23:59 PM Signed: 6/8/2026 3:24:08 PM

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In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/8/2026 1:38:17 PM
Certified Delivered	Security Checked	6/8/2026 3:23:59 PM
Signing Complete	Security Checked	6/8/2026 3:24:08 PM
Completed	Security Checked	6/8/2026 3:24:08 PM

Payment Events	Status	Timestamps