



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3335

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

**4. Project/Program Description**

Archways, Inc. is a 501 (c)(3) Behavioral Healthcare Center that has served residents of Broward for over 40 years. This project would allow for renovations of all agency facilities to beautify and ensure safety for all clients. Yearly, we assist thousands and provide housing to over 100 individuals in AHCA licensed residential treatment facilities. Archways maintains 10 separate structures, two of which are large commercial buildings where adult clients receive an array of services, including psychosocial rehabilitation services which includes free meals provided in partnership with the USDA. Our cafeteria, restrooms and group spaces are part of an aging infrastructure as are our residential facilities. Services support individuals to achieve long-term recovery from psychiatric and/or substance use disorders. Services lower costs to society by reducing the need for shelters, hospitalizations, incarcerations, and restore functional abilities for community living.

5. **State Agency to receive requested funds**
- State Agency contacted?**  Yes

**6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	740,000
<b>Total State Funds Requested</b>	<b>740,000</b>

**7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	740,000	72%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	290,000	28%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>1,030,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future 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.**
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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.

In 2020, HHS Provider Relief Fund \$853,525 and COVID-19 PPP loan \$533,879 were used for environmental protection supplies, operation and payroll for staff.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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?

12. 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.

Archways, a 501(3)C nonprofit overseen by a volunteer Board of Directors, will receive the requested funds.

13. 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		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Main Facility renovation includes new high traffic non-slip flooring, two handicap accessible and 2 main restrooms, doors, plumbing, paint, and furnishings. Residential facilities interior/exterior paint, kitchens, bathrooms and roofs. All items if noted in the building safety inspections to comply with Florida Building Code for safety compliance.	740,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>740,000</b>

14. Program Performance



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

Infrastructure needs will be addressed to ensure the safety and therapeutic environment. Archways serves a large number of individuals who have been institutionalized and have experienced trauma. Archways facilities need to be safe and comfortable to support engaging this vulnerable population with maintaining treatment. The physical environment of our main center must be improved to ensure that it is welcoming and our residential facilities need repair and updates to provide a safe and haven-like home environment where people can heal and recover.

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

Archways infrastructure improvement project will include painting interior and exterior spaces, replacing flooring, renovating multiple bathrooms/restrooms and kitchens, replacing and repairing roofs, adding fencing and railing, replacing appliances, and purchasing furniture for all our facility, including new seating for our cafeteria and group therapy rooms.

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

Archways will continue to provide quality behavioral healthcare services. Archways provides client centered care in community-based services. Our staff provide continuous assessment, referrals and support to access needed services, as well as monitor service delivery and response to treatment. Each individual's treatment team is based on need and may consist of professionals providing medication management, case management, peer support, psychosocial rehabilitation, residential treatment, individual therapy, group therapy, and supported employment all in an effort to support individual recovery. Services and treatments are provided to prevent the need for more disruptive and costly interventions so as to support long-term recovery from mental illness and substance use disorders.

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

This infrastructure improvement project will serve adult clients of Archways who access our facilities, all of whom have been diagnosed with a mental health and/or substance use disorder. Persons served often have experienced homelessness, legal involvement, commitment to state civil or forensic hospitals, and/or frequent hospitalizations. This will impact several hundred individuals yearly but the greatest impact will be on individuals who are served in our residential treatment facilities. This project will allow us to maintain all of our funded beds active to minimize waitlist time and serve the most individuals possible.

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

Archways' main facility will be updated, repaired and secured to serve thousands of individuals with quality behavioral healthcare services for years to come. All agency facilities will be welcoming, safe and conducive to supporting and keeping individuals engaged in their treatment. The physical environment will sustain staff and client engagement so persons served can continue to receive behavioral healthcare services, USDA adult food program meals, and housing even if they are uninsured and disadvantaged. To monitor performance and impact of services rendered, Archways will continue to report outcome measure data to the State of Florida.

**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 the contract?**

A reduction or return of funding may be considered if Archways, Inc. were to fail to meet deliverables or performance measures.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. Recipient Contact Information**



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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

**17. Lobbyist Contact Information**

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number