



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3250

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. Project/Program Description

Funding will support a new facility for our Residential Level IV (Res IV) Substance Use Disorder Long-Term Treatment Program. The Res IV program was moved to a temporary location in order to make room for a 30-unit low income, supported housing apartment building for individuals with Serious Mental illness, funded by Florida Housing Finance Corporation, county and city government. Res IV is temporarily housed in a building, which will be sold to the city, causing the 17-bed treatment facility to close if not relocated. Long-term residential treatment programs like Res IV bridge the gap between intensive inpatient programs and outpatient services. This creates a critical bridge from treatment to the community for those with severe substance use disorder who are facing homelessness. Residential Level IV allows individuals to maintain the recovery support needed, while building the skills necessary for them to fully re-enter their communities.

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

State Agency contacted? Yes No

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,000,000
Total State Funds Requested	1,000,000

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)	1,000,000	75%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	333,000	25%
Total Project Costs for Fiscal Year 2024-2025	1,333,000	100%

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

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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

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.

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.

Park Place Behavioral Health Care will be the owner of the building and will operate the licensed treatment program it will house. Park Place currently owns the land where the facility will be built.

13. 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: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Pre-construction and construction of Residential Level IV building.	1,000,000
Total State Funds Requested (must equal total from question #6)		1,000,000

14. Program Performance

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

Capital request to provide funds to support the construction of the new residential level IV program.



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

The building of the property includes: survey services, Title work, soil investigation, project design, permitting, and construction.

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

Once built, this program provides long-term substance use disorder treatment for individuals who have a diagnosed substance use disorder and are facing homelessness or are homeless due to the disruption caused by their use. Individuals regain the skills necessary to become productive citizens, remain abstinent from substances, and reengage with their families and their communities.

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

The target population for the program are adult persons with a severe substance use disorder, with or without a co-occurring mental health disorder who are facing homelessness due to their substance use. Individuals with substance use disorder are often unemployed, have a history of incarceration or arrest, and often economically disadvantaged, and uninsured. Res IV serves approximately 35-45 unduplicated persons per year, depending upon the length of stay, with individuals averaging 6-9 months in the program.

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

Once built, it is expected that individuals will receive needed long-term substance use disorder treatment. Individuals in Res IV, receive primary health care, mental health evaluation and treatment, therapeutic interventions and peer recovery support which lead to successful re-entry into the community. Our current outcomes (4-year outcomes) demonstrate that upon discharge from the program, 84% successfully completed treatment and were abstinent from the use of alcohol or other drugs upon discharge and at 30 days post discharge, 75% were employed, enrolled in education (4%), or receiving disability (2%), and 95% were stably housed.

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?

Return of funding to the State if the performance measures and the deliverables in the contract are not met.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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)



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- 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