



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1386

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Cove identified key health improvements that will permit best-practice standards around COVID-19 to ensure the safety of the critical residential services we provide. One area that we identified is the need to replace the flooring of the men's residential facility and offices especially those containing carpeting as well as refresh the wall surfaces to be able to sustain additional cleaning protocols. This project will provide funds to upgrade the facility to assist in improving overall cleanliness and decrease the likelihood of disease transmission.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	105,000
Total State Funds Requested	105,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	105,000	5%
Matching Funds		
Federal	44,877	2%
State (excluding the amount of this request)	914,012	40%
Local	1,146,586	51%
Other	54,064	2%
Total Project Costs for Fiscal Year 2022-2023	2,264,539	100%

8. Has this project previously received state funding?

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

9. Is future 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.

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



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

Payroll Protection Program \$2,022,100.47 for payroll.
 US HHS Stimulus Medicaid CHIP \$391,053.50 for lost revenue - Medicaid
 Hillsborough CARES - Non-Profit Safety Net \$150,000 Facility upgrades for COVID. COVID-19
 Emergency Grant - FESG-CV \$207,623 for rapid re-housing for patients.
 COVID-19 Emergency Grant - ESG-SV1-2 - \$204,405 for rapid re-housing for patients.
 CARES Funding - FIT - \$90,000 for substance use disorder treatment.
 COVID-19 Emergency Grant - \$43,550 - residential treatment.

11. 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	Replace flooring of the men's residential facility and offices especially those containing carpeting as well as refresh the wall surfaces to be able to sustain additional infection control and cleaning protocols to improve overall cleanliness and minimize disease transmission.	105,000
Total State Funds Requested (must equal total from question #6)		105,000

12. Program Performance

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

To replace the flooring of the men's residential facility and offices especially those containing carpeting as well as refresh the wall surfaces to be able to sustain additional infection control cleaning protocols. Upgrading the facility will assist in improving overall cleanliness that will decrease the likelihood of disease transmission allowing for a healthy residential environment for persons seeking substance use, mental health, or co-occurring residential services. This need for residential beds is especially evident among minority and lower income individuals.

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

Cove's residential treatment provides our highest level of clinical intervention through trauma informed, gender specific programming averaging 4 to 6 months in duration. Typical patients are dealing with significant substance misuse and/or mental health issues.

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

Screened through the centralized intake process, patients receive gender specific residential services for typically 4-6-month duration with a step-down to outpatient services. Services include therapeutic community model with overlay of psychiatric services, medication assisted treatment, relapse prevention, parenting skills, relationships, coping skills, employment, and stress management.

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



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Persons with poor mental health, economically disadvantaged persons, drug users, and drug offenders involved in the criminal justice system. It is estimated that 175 individuals would be served annually in the men's residential program.

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

- 10% change in patients who are employed from admission to discharge. Comparison of employment at admission to employment at discharge.
- 85% of residential patients will remain drug free while enrolled in treatment. Random urine drug screens.
- 51% of adults who successfully complete treatment services. Documentation in the discharge summary/paperwork.

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?

The Department of Children and Families standard contract deliverables and penalties should be adequate.

13. 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.

Cove Behavioral Health, Inc., a private, nonprofit organization owns the building that will be renovated with state funds.



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number