



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2018

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Tampa Crossroads seeks \$2,050,000 for acquisition and renovation of a building to be zoned as a 20-bed men's residential center which will be licensed for level II residential, Intensive Outpatient, and Outpatient treatment by Department of Children and Families for substance abuse treatment and licensed through AHCA for mental health services. The program will be located in Pasco, Polk, or South Hillsborough County; a location where the need for adult behavioral health outweighs the availability of services. The program will include residential treatment as well as levels of outpatient treatment. As with all Tampa Crossroads programs, this will include traditional psychotherapy in the form of individual, group, and family counseling and medicated assisted treatment, telehealth services, employment services, targeted case management to assist with healthcare and housing needs, and general wellness support such as diet and exercise.

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	1,050,000
Fixed Capital Outlay	1,000,000
Total State Funds Requested	2,050,000

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)	2,050,000	75%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	500,000	18%
Local	200,000	7%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	2,750,000	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.



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Local funding through County Health and Criminal Justice contracting. State funding through the State Attorney's Office in the form of contracts through drug courts. Additionally, Tampa Crossroads will apply for grants as applicable and available.

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

Yes

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

Tampa Crossroads received \$100,000 from Hillsborough County, which received funds from the CARES Act. The funds were used for PPE and other equipment needed for the agency to continue providing healthcare services safely while many industries had closed.

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Partial salary and benefits for Chief Executive Director to provide oversight of the program.	5,000
Other Salary and Benefits	Partial salary and benefits for Human Resources, Accounting Department (including CFO), Director of Clinical Services and Quality Improvement, Clinical Supervisor, and Director of Programs and Workforce Development.	15,000
Expense/Equipment/Travel/Supplies/Other	Auto expenses, Training and Development, Employee Appreciation, Advertising and Marketing, Taxes and Licenses, Dues and Subscriptions, Property Insurance, Liability Insurance, Auto Insurance, Cyber Insurance, Travel, Bank Fees and Postage.	28,000
Consultants/Contracted Services/Study	CARF Accreditation Surveying, DCF and AHCA Monitoring, Medication.	2,000
Operational Costs: Other		
Salary and Benefits	Salary and benefits for all staff including Program Manager, Clinicians, Behavioral Health Technicians, Nursing Staff, and Support Staff.	600,000
Expense/Equipment/Travel/Supplies/Other	Drug testing supplies, leased equipment, utilities, phones, auto expenses and fuel, office supplies, staff training and development, computer equipment, furnishings.	370,000
Consultants/Contracted Services/Study	Psychiatry services, medication costs.	30,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Acquisition, renovation, zoning of property and building.	1,000,000
Total State Funds Requested (must equal total from question #6)		2,050,000

12. Program Performance

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

Treat men with co-occurring substance use and mental health conditions in need of residential, intensive outpatient, and aftercare services in geographical area where services are lacking, such as south Hillsborough or Polk. We will serve men who are currently in jail waiting for treatment beds as well as men in the community who are currently at risk of overdose death. As with all Tampa Crossroads programs, our focus is on long-term stability in all areas of life.

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



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The program will be licensed by DCF and AHCA and CARF Accredited for residential, intensive outpatient, and outpatient treatment as well as aftercare services. It will provide on-site medicated assisted treatment, including psychiatry services. In addition to room and board and treatment we will provide targeted case management and teach skills needed for longterm recovery and stability.

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

Funds will provide services in 20 residential beds and 60 IOP/OP clients. Services will last up to 12 months and include room and board (residential); individual, group, and family counseling; case management; transportation; MAT services including psychiatry; services in English and Spanish. Treatment services will be evidence-based and telehealth services will be available.

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

The target population includes adult men in need of the following services: mental health treatment, employment, housing, substance use treatment. We expect to serve 200 men annually.

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

The following outcomes are measured for each participant, through data collected based on completion of treatment plan goals and are built into the agency's performance management and measurement plan: 1) 100% will incorporate physical health care into their treatment plan; 2) 75% will identify and utilize coping skills for mental health conditions; 3) 75% will demonstrate financial stability to promote independence; 4) 75% will identify and utilize coping skills for substance use conditions; 5) 70% will demonstrate residential stability to promote independence, where residential stability means being discharged from the program to an environment other than jail, homelessness, or residing with individuals who are unsafe of a healthy and legal lifestyle.

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?

Financial penalties would be warranted; the state would be reimbursed or funds withheld if deliverables or performance measurements are not met.

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.

Tampa Crossroads, Inc. has no owners. Our CEO is designated through the State of Florida as Registered Agent and the organization has oversight performed by a Board of Directors, where none of the Directors have any share in ownership.



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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