

1. Project Title

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

ACTS Outpatient Clinic

LFIR # 2479

2. \$	Senate Sponsor	Jay Collins						
3. I	Date of Request	12/26/2023						
4.	Project/Program De	escription						
,	assisted treatment, o square feet property will facilitate warm h lighting, sprinklers a	clinical therapy, labs was purchased by and-off and care co and security surveilla and restrooms. Gen	s and urine drug ACTS in 2019 a ordination. The ance systems an	ity built in 1966 to provide screening for adults and and is co-located on the c funds will be used to repl d to remodel the interior ats to flooring, ceiling, inte	children in Hillsboro campus with other AC lace the HVAC, elect to provide offices, nu	ough County. The 4,300 CTS services, which trical, plumbing, urse's station, exam		
5. \$	State Agency to re	ceive requested fu	nds Depa	rtment of Children and Fa	amilies			
9	State Agency conta	acted? No						
· ,	Amount of the New		for Final Vac	2024 2025				
б. А	Amount of the Non	recurring Request	tor Fiscal Year	2024-2025				
	Type of Funding			Amo	unt			
-	Operations				0			
	Fixed Capital Outlay			2,500,000				
L	Total State Funds I	Requested			2,500,000			
7.]	otal Project Cost f	or Fiscal Year 202	4-2025 (includi	ng matching funds avai	ilable for this projec	ct)		
1.	_ /							
	Type of Funding	Jacobs d (frame acce	otion #C)	Amount	Percentage 4000/			
[Total State Funds R	equested (from que	estion #6)	Amount 2,500,000	Percentage 100%			
	Total State Funds R Matching Funds	equested (from que	estion #6)	2,500,000	100%			
	Total State Funds R Matching Funds Federal			2,500,000	100%			
	Total State Funds R Matching Funds Federal State (excluding the			2,500,000	100% 0% 0%			
	Total State Funds R Matching Funds Federal State (excluding the Local			2,500,000 0 0	100% 0% 0% 0%			
	Total State Funds R Matching Funds Federal State (excluding the	amount of this requ	uest)	2,500,000	100% 0% 0%			
	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs	amount of this requ	uest)	2,500,000 0 0 0 2,500,000	0% 0% 0% 0% 0%			
	Total State Funds R Matching Funds Federal State (excluding the Local Other	amount of this requ	uest)	2,500,000 0 0 0	0% 0% 0% 0% 0%			
	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro	amount of this requestions for Fiscal Year 20 eviously received s	uest) 024-2025 state funding?	2,500,000 0 0 0 2,500,000 No Specific	0% 0% 0% 0% 0%			
	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro	amount of this requestions for Fiscal Year 20 eviously received	uest) 024-2025 state funding?	2,500,000 0 0 0 2,500,000 No Specific	100% 0% 0% 0% 0% 100%			
	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro	amount of this requestions for Fiscal Year 20 eviously received s	uest) 024-2025 state funding?	2,500,000 0 0 0 2,500,000 No Specific	100% 0% 0% 0% 0% 100%			
8. 1	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro	s for Fiscal Year 20 eviously received s Amo	uest) 024-2025 state funding? ount Nonrecurring	2,500,000 0 0 0 2,500,000 No Specific	100% 0% 0% 0% 0% 100%			
8. 1	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro Fiscal Year (уууу-уу)	e amount of this requested some state of this requested some some state of the stat	uest) 024-2025 state funding? ount Nonrecurring ed?	2,500,000 0 0 0 2,500,000 No Specific Appropriation #	100% 0% 0% 0% 0% 100%			
8. I	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro Fiscal Year (уууу-уу) Is future funding lile. If yes, indicate n	e amount of this requested some curring some	nest) 24-2025 state funding? Dunt Nonrecurring ed? nt per year.	2,500,000 0 0 0 2,500,000 No Specific Appropriation #	100% 0% 0% 0% 100%			
8. I	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro Fiscal Year (уууу-уу) Is future funding lile. If yes, indicate n	e amount of this requested some curring some	nest) 24-2025 state funding? Dunt Nonrecurring ed? nt per year.	2,500,000 0 0 0 2,500,000 No Specific Appropriation #	100% 0% 0% 0% 100%			
8. I	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro Fiscal Year (уууу-уу) Is future funding lile. If yes, indicate n	e amount of this requested some curring some	nest) 24-2025 state funding? Dunt Nonrecurring ed? nt per year.	2,500,000 0 0 0 2,500,000 No Specific Appropriation #	100% 0% 0% 0% 100%			



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LFIR # 2479

No					
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	O Design		O N/A		
b. Is the project	"shovel ready" (i.e permitted)?		Yes	
c. What is the es	10/1/2023				
d What is the as	timated comple	tion data of construe	tion?	0/20/2024	

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.

Agency for Community Treatment Services, Inc. is the owner of the facility.

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/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Architecture and Engineering Firm to design and plan the remodel; Construction Company to provide General Contractor, Site Manager, Crew to furnish labor, materials, tools, equipment and supervision necessary to complete remodel.	2,500,000
Total State Funds Requested (m	ust equal total from question #6)	2,500,000

14. Program Performance

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



The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 2479

The funding will be used to extensively renovate a facility built in 1966 to provide outpatient services to adults and children with mental illness and substance use disorders. The 4300 square feet property was purchased in 2019 and colocates on the campus with other ACTS services such as housing services, a group home, a Juvenile Assessment Center, and the mental health Clubhouse. Co-location will offer a continuum of services on one site, facilitating coordination of care and reducing treatment barriers for all individuals served. The funds will be used to replace the HVAC, electrical, plumbing, lighting, sprinklers and security surveillance systems and remodel the interior to provide exam rooms, therapy offices, nurse's station, waiting area, and restrooms. General improvements to flooring, ceiling, interior and exterior painting and parking lot upgrades are required. The clinic will serve adults and adolescents in need of mental health and substance use services.

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

The funds will be used to replace the HVAC, electrical, plumbing, lighting, sprinklers and security surveillance systems and remodel the interior to provide exam rooms, therapy offices, nurse's station, waiting area, and restrooms. General improvements to flooring, ceiling, interior and exterior painting and parking lot upgrades are required. The clinic will serve adults and adolescents in need of mental health and substance use services. The renovation will allow for co-location of multiple services at one site, including primary, psychiatric, and therapeutic care.

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

The ACTS Outpatient Clinic will be licensed by Department Children and Families. ACTS will use a braided funding model, leveraging state, local government and third party insurance to fund care for adults and adolescents with mental illness and substance use disorders and their families. The clinic will provide primary and psychiatric care, care coordination, medication assisted treatment, clinical therapy, recovery support services, labs, and urine drug screening for individuals residing in Hillsborough County as well as neighboring Counties such Polk, Pasco and Pinellas. Referrals will be come from other ACTS Programs, community providers, emergency departments, receiving facilities, self referral, Court, Jail, Crisis Center, and the 988 Call Center.

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

Adults and adolescents regardless of gender, who are diagnosed with mental illness and/or substance use disorders. Services will also be provided to family members, care givers, and at risk individuals. The Clinic will service 300 individuals in the first year.

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

Access to care will improve. Retention in care and medication compliance will improve, as measured by visit data collected in the internal health information system. Utilization of expensive emergency medical services and crisis stabilization will decrease, as measured by data received from partner organizations. Gainful employment will increase for individuals served by the program, as measured by baseline and routine assessment, and 10 immediate job opportunities will be created for citizens. Individual general functioning will increase, improving economic self-sufficiency, as measured by a baseline and routine screenings. Arrest rates will decrease, measured by department of justice records. Substance use will decrease, measured by urine drug screens.

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?

Funds that are no	Funds that are not expended will be returned.						
15. Requester Contact Information							
a. First Name	Asha	Last Name	Pereyra				
b. Organization	Agency for Co	mmunity Treatment Serv	rices, Inc.				

d. Phone Number (813)760-0779

c. E-mail Address | apereyra@actsfl.org

16. Recipient Contact Information



The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 2479

	a. Organization	Agency for Community Treatment Services, Inc.						
b. Municipality and County Hillsborough								
	c. Organization Type							
	□For Profit Entity	ofit Entity						
	☑Non Profit 501(c)(3)							
	□Non Profit 501(c)(4)							
	□Local Entity							
	□University or College							
	□Other (please specify)							
	d. First Name	Beth Ann	Last Name	Sanders				
	e. E-mail Address	basanders@actsfl.org						
	f. Phone Number	(813)728-9756						
17.	17. Lobbyist Contact Information							
	a. Name	Amanda Stewart						
	b. Firm Name	Johnston & Stewart Government Strategies, LLC						
	c. E-mail Address	amanda@johnstonstewart.com						
	d. Phone Number	(813)345-4104						