

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

**LFIR # 2688** 

b. Describe the sou	irce of funding that	oun be asea in i			
	uraa af funding that	can he used in li	ieu of state funding		
a. If yes, indicate no	-				
9. Is future funding lik	cely to be requested	?	No		
	recouring				
Fiscal Year (yyyy-yy)	Amou Recurring	nt Nonrecurring	Specific Appropriation #	Vetoed	
3. Has this project pre	eviously received st	ate funding?	No		
<b>Total Project Costs</b>	for Fiscal Year 202	4-2025	2,500,000	100%	
Other			0	0%	
Local	1		0	0%	
	amount of this reque	st)	0	0%	
Federal			0	0%	
Natching Funds Ro	equested (from quest	tion #6)	2,500,000	100%	
Type of Funding	annested (free ex-	in , ((0)	Amount	Percentage	
. Total Project Cost fo	or Fiscal Year 2024-	2025 (including	matching funds avail	lable for this proje	ect)
<b>Total State Funds F</b>	Requested		2,500,000		
Fixed Capital Outlay				2,500,000	
Operations				0	
Type of Funding			Amou	unt	
State Agency conta . Amount of the Nonr		or Fiscal Year 20	24-2025		
5. State Agency to rec	<u>-</u>	<b>ds</b> Departm	ent of Children and Fa	milies	
mental illness who a property was purcha	re in the child welfare se by ACTS from DC lighting, sprinklers ar	e system or at risk F in 1988. The fu	to provide therapeutic of entering the child v nds will be used to rep lance. Restrooms, kitc	velfare system. The place the following:	systems: HVAC,
1. Project/Program De	escription				
3. Date of Request	12/26/2023				
2. Senate Sponsor	Jay Collins				



11. Status of Construction

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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

a. What is the current phase of the project?					
Planning	O Design	<ul><li>Construction</li></ul>	O N/A		
b. Is the project "shovel ready" (i.e permitted)?  Yes					

b. Is the project "shovel ready" (i.e permitted)?

Yes

c. What is the estimated start date of construction?

10/1/2023

d. What is the estimated completion date of construction?

9/30/2024

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 and the entity requesting the fixed capital outlay funding.

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, permitting, 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?



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The funding will be used to extensively renovate a facility built in 1969 to provide Therapeutic Group Home care to children who are in the child welfare system or at risk of entering the child welfare system. The 16,000 square feet property was purchase by ACTS from DCF in 1988. The funds will be used to replace the following systems: HVAC, electrical, plumbing, lighting, sprinklers and security surveillance. Restrooms, kitchen, dining, flooring, ceiling and interior painting will be upgraded. The Program will serve twelve (12) adolescent youth (ages12-17) diagnosed with serious mental health disorders with or without co-occurring substance use disorders. Group care is needed in our region to appropriately house and treat this priority population.

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

The ACTS Therapeutic Group Home will be licensed by the Agency for Health Care Administration and funded by Department Children and Families. The adolescents served present with emotional and behavioral issues that require intensive supervision in a highly structured and therapeutic environment. The families require respite and tools to support reunification. The program provides treatment services in an environment that allows youth to experience improved mental health, positive family and community activities and opportunities to develop into mature, responsible and productive adults. The dependent youth will have many opportunities to participate in age-appropriate extracurricular, enrichment, and social activities. Additionally, the program will focus on development of independent living and vocational skills for the older youth as they are discharged from the child welfare system.

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

The Therapeutic Group Home will provide the following services to the at risk youth and their families: primary care, psychiatric care, clinical individual, family and group therapy sessions, care coordination, educational support, independent living skills, vocational development, social and community engagement skills and age appropriate recreational opportunities. The program will create 16 new job opportunities for Hillsborough County residents including a medical doctor, psychiatrist, program director, program supervisor, clinical therapist and eleven behavior health technicians.

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

Adolescents, aged 12-17 years old, with a mental health disorders who are in the child welfare system or who are at risk for entering the child welfare system. The program will support 12 adolescents at a time for an average of 90 days. The program is estimated to serve 50 individuals per year.

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

Expected benefits include improved mental health outcomes, physical health outcomes, and skill development, which will foster enhanced educational advancement and economic self-sufficiency for youth and families. Individuals with substance use disorders will be taught abstinence and harm reductions strategies. The program will support individual and family reunification. Additionally, improved outcomes will support public safety efforts with strategies for diversion from the justice system and reduction of recidivism. The program will measure reduction of emergency room and crisis unit utilization, improvement in school attendance and grades, completion of any court related sanctions, reduction of juvenile justice involvement, and reunification or completion of permanency plans.

### 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?

	Any unused funds	will be returned to the Stat	e.		
15. I	Requester Contact	Information		 	

a. First Name	Asha	Last Name	Pereyra	
b. Organization	Agency for Community Treatment Services, Inc.			
c. E-mail Address	apereyra@actsfl.org			
d. Phone Number	(813)760-0779	Ext.		

#### 16. Recipient Contact Information



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a. Organization	Agency for Community Treatment Services, Inc.						
b. Municipality and County Hillsborough							
c. Organization Type							
□For Profit Entity	□For Profit Entity						
☑Non Profit 501(c	☑Non Profit 501(c)(3)						
□Non Profit 501(d	□Non Profit 501(c)(4)						
□Local Entity	□Local Entity						
□University or Co	□University or College						
□Other (please sp	□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. 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						