

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

LFIR # 3129

•	ndicate noi	nrecurring amou	ınt per year.		eu of state funding.				
9. Is future fu	ınding like	ly to be request	c u :	L	140				
			od2	[No				
			110111000111	9					
Fiscal \ (yyyy-		Ame Recurring	ount Nonrecurri	ina	Specific Appropriation #	Vetoed			
8. Has this pr	roject prev	iously received	state funding	?	No				
Total Proje	ect Costs f	or Fiscal Year 2	024-2025		3,166,351	100%			
Other					350,000	11%			
Local					0	0%			
State (exclu	uding the a	mount of this req	uest)		0	0%			
Federal	arido				0	0%			
Matching F		questeu (nom que	2 511011 #0)		2,610,331	8976			
Type of Fu		quested (from que	notion #6\		2,816,351	Percentage 89%			
7. Total Proje	ct Cost for	Fiscal Year 202	24-2025 (inclu	ding n	natching funds avai	lable for this proje	ect)		
Total State	Funds Re	equested			2,816,351				
Fixed Capit						2,816,351			
Operations					Aillo	0			
Type of Fu		J 1 (1111)			Amo	unt			
State Agen 6. Amount of		ted? No curring Request	for Fiscal Ye	ar 202	4-2025				
•	•	ive requested fu	unds Dep	oartme	nt of Children and Fa	amilies			
Behavioral adult drop-i	Health Car in services. t residents	e Punta Gorda ca Second, the faci	ampus with a c lity will feature This expansion	dual pu a com addre	sses critical commur	ouse essential subst ancing our ability to	on the Charlotte tance treatment and provide meals for up to g a healthier and more		
4. Project/Pro	ogram Des	cription							
3. Date of Red	quest	12/11/2023							
2. Senate Spo	Sponsor Ben Albritton								
1. Project Titl	le	CBHC Substance	ce Abuse Facil	ity (Ca	pital Request)				



11. Status of Construction

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

HHS Provider Relief Funds \$307,189.28, 'awarded' to recover revenue interruptions during the pandemic, and 'used' to retain positions while income was negatively impacted. County (Local) funding of \$64,186 to reimburse PPE and technology solutions to transition to telehealth treatment model.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

á	a. What is the cur	rent phase of the	project?					
	O Planning	Design	Construction	O N/A				
ı	b. Is the project "	shovel ready" (i.e	e permitted)?		Yes			
(c. What is the est	imated start date	of construction?		September 1, 2024			
(d. What is the est	imated completion	on date of construc	ction?	June 30, 2025			
12.			eceive, directly or of the facility and		y, any fixed capital o ⁄.	outlay funding	. Include the	
	None.							

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	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Civil Engineering, Architect Fees, and Construction Fees	2,816,351
Total State Funds Requested (m	ust equal total from question #6)	2,816,351

14. Program Performance

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



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Our grant proposal seeks capital funding to construct a community building on the Charlotte Behavioral Health Care Punta Gorda campus with a dual purpose. First, it will house essential substance treatment and adult drop-in services. Second, the facility will feature a commercial kitchen, enhancing our ability to provide meals for up to 50 inpatient residents simultaneously. This expansion addresses critical community needs, fostering a healthier and more supportive environment for those seeking treatment and recovery.

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

Services provided in the facility will include outpatient voluntary and involuntary individual, and group substance use services for adults. Services are provided through a system of care that may include a therapist, case manager, and/or peer support services. In addition to the substance use services, the facility will house our adult drop-in program. This is a peer run program that provides evidence-based services focused on socialization, advocacy, and self-help to assist with an individual's journey to recovery. Peer specialists run a variety of activities including self-help groups, education groups, arts and crafts, self-expression activities, and featured guest speakers. Peer specialists also provide emotional support to all individuals seeking services through the drop-in center.

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

Meals for 50 Inpatients
ndividual Therapy
Group Therapy
Adult Drop-In Services

a. Organization

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

Target Populations: Adults with Serious & Persistent Mental Illness (Drop-In Center) Adults with Substance Use Disorders (SUD) Court-involved Adults with SUD, including Drug Court patients.

Between 300-500 patients will be served.

- e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
- 1. Improve mental health: Evidence-based assessments and level of functioning scales;
- 2. Ability to remain in the community. Reduce recidivism: Inpatient recidivism rates, Jail Census Monitoring of Active Patients. 3. Reduce substance use: Continue to reduce fatal and non-fatal overdoses through utilization of County data. 4. Divert from criminal/Juvenile justice system: Jail & Inpatient census tracking.
- 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?

If there is an area in which CBHC is deficient, it is suggested that a corrective action plan (CAP) be implemented and monitored to ensure that the deficiency(ies) is/are corrected per the CAP. If CBHC fails to meet the contract deliverables or the performance measures, the State has the option to cancel the contract for these services.

15. Requester Contact	Information		
a. First Name	Victoria	Last Name	Scanlon
b. Organization	Charlotte Behavioral Heal		
c. E-mail Address	VScanlon@cbhcfl.org		
d. Phone Number	(941)347-6401	Ext.	
16. Recipient Contact	Information		

Charlotte Behavioral Health Care, Inc.



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	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	Victoria	Last Name	Scanlon				
	e. E-mail Address	e. E-mail Address VScanlon@cbhcfl.org						
	f. Phone Number	one Number (941)639-8300						
17.	17. Lobbyist Contact Information							
	Lobbyist Contact I	nformation						
	Lobbyist Contact I a. Name	nformation Tracy Hogan Mayernick						
	_		С					
	a. Name	Tracy Hogan Mayernick						