



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1059

1. Project Title NHC Residential Treatment Facility Expansion

2. Senate Sponsor Ana Maria Rodriguez

3. Date of Request 10/24/2025

4. Project/Program Description

This request is to assist in the construction of new residential treatment facility or those with substance use and mental health disorders. The facility will be located adjacent to and replace our current dated residential treatment facility at Krome Avenue in Homestead. This facility will double our capacity from 60 to 120 beds and triple the amount of space available (7,700 sq. ft. vs. 24,500 sq. ft.) for clients and program staff members. This new facility is anticipated to serve an additional 300 individuals per year, reducing the significant strain on system ERs, CSUs, and local waitlists for treatment. The requested funding represents 10% of the total project budget of \$9.98 million.

5. State Agency to receive requested funds Department of Children and Families

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	1,000,000
Total State Funds Requested	1,000,000

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	10%
Matching Funds		
Federal	1,796,489	18%
State (excluding the amount of this request)	1,184,003	12%
Local	0	0%
Other	6,000,000	60%
Total Project Costs for Fiscal Year 2026-2027	9,980,492	100%

8. Has this project previously received state funding? No

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future-year funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 1,000,000

b. Describe the source of funding that can be used in lieu of state funding.

In lieu of state appropriations funding, we would need to increase the amount of debt taken on to finance the construction of the building.



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction

a. What is the current phase of the project?

☐ Planning ☒ Design ☐ Construction ☐ N/A

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

No

c. What is the estimated start date of construction?

11/01/2026

d. What is the estimated completion date of construction?

11/01/2027

e. What funding stream will be used for ongoing operations and maintenance of the project?

New Hope has 12 independent service contracts with various federal, state, local and private agencies with awards totaling \$9.9mm as of FY25-26. All contracts are recurring, multi-year grants that would provide support service dollars for residential treatment in the new facility once built.

11. 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.

New Hope C.O.R.P.S., Inc., a 501(c)(3) non-profit organization established in 1993, will be the sole owner of the newly constructed facility.

12. 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		
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	- 100% of Soft Costs including attorney's fees, permitting fees and architectural fees \$851,453 - ~22.65% of Furniture, Fixtures, and Equipment (FF&E) totaling \$148,547	1,000,000
Total State Funds Requested (must equal total from question #6)		1,000,000

13. Program Performance

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



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These funds will assist in the construction of a new residential facility for those with substance use and mental health disorders. The new facility will allow us to double the number of individuals served (from 300 to 600), reduce treatment wait times and the prevalence of substance use in the community, improve the physical and mental health of those receiving treatment, reduce recidivism and repeated use of higher cost ER and crisis stabilization services, increase the number individuals that are employed and stably housed, and divert individuals away from the criminal justice system.

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

The requested funds will support critical pre-construction and facility readiness activities necessary to complete and operationalize our residential treatment program. Specifically, state appropriations will be used to cover soft costs including attorney's fees, permitting fees, and architectural/design services required for compliance, planning, and execution of facility development and construction. Additionally, funds will be allocated to purchase essential furniture, fixtures, and equipment (FF&E) to ensure the facility is fully functional, safe, and appropriately outfitted to deliver high-quality substance use and mental health treatment services.

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

Direct services provided include Residential Level II substance use and mental health treatment, which includes transitional housing, individualized assessments and treatment planning, group and individual therapy, case management, peer support services, housing navigation, employment assistance, STI prevention and intervention, medical care, medication management, and medication-assisted treatment (MAT) for opioid and alcohol use disorders.

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

The target population served by our residential treatment program is uninsured, underinsured, indigent, and homeless adult males experiencing substance use and/or mental health disorders. Additionally, we maintain designated beds for specific subpopulations including homeless veterans, individuals living with HIV/AIDS (PLWHA), and those at high risk of opioid overdose. We anticipate serving 600 unduplicated individuals annually, double to number currently being served.

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

- 60% of participants will complete treatment with at least a 30-day period without using illicit drugs or alcohol (FASAMS State data)
- 90% of participants will not need acute care (CSU) for a mental health episode from admission to discharge (DCF IRAS data, chart review)
- 95% of program participants will be linked to primary care services (Case/chart reviews)
- 94% will be discharged to stable housing (FASAMS State data)
- 10% will experience a change in employment status from admit to discharge (FASAMS State data)
- % change in adults arrested 30 days prior to admit vs prior to discharge will be 15% (FASAMS State data)

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 in the contract?

Penalties for failure to perform may include, but are not limited to, refusal of payment, withholding of payments until deficiencies are corrected, partial payment, imposition of financial penalties, or termination of the contract. If performance is deemed erroneous, reimbursement of funds may be required.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

a. If Yes, what phase best describes the project?

- ☐ Mitigation (reducing or eliminating potential loss of life or property)
- ☐ Response (addressing the immediate and short-term effects of a natural disaster)
- ☐ Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):



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15. Has the entity applied for or received federal assistance for this project?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

18. 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)



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☐ Local Entity

☐ University or College

☐ Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.