



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1064

1. Project Title Crisis Stabilization Unit Beds at the Miami Center for Mental Health and Recovery

2. Senate Sponsor Ana Maria Rodriguez

3. Date of Request 11/7/2025

4. Project/Program Description

Funds for the Village South will support 3 additional Crisis Stabilization Unit beds at the Miami Center for Mental Health and Recovery. The Center prioritizes individuals with 5 or more jail mental health (MH) admissions over the past 5 years, a population that also frequently experiences homelessness and substance use disorder (SUD). These beds will enhance public safety, save critical tax dollars, significantly reduce homelessness, and offer a future of recovery for people with MH and SUD.

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

State Agency contacted? No

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

Type of Funding	Amount
Operating	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

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)	500,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	500,000	100%

8. Has this project previously received state funding? Yes

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2025-26	0	500,000	363	No

9. Is future-year funding likely to be requested? No

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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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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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

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.

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	A portion of administrative functions: contracts management, sustainability, fund development, communications and marketing, finance management, human resources, compliance, risk management, evaluation, quality improvement, facilities management, staff and program development, safety and information systems, and procurement. The Village South's federally approved indirect rate is 24%.	91,018
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Operating expenses for 3 additional Crisis Stabilization Unit beds at the Miami Center for Mental Health and Recovery (\$136,327.50 per bed). Although funds were appropriated in 2025-26, delays in the project resulted in unobligated funding. The Village South is requesting that this funding is reappropriated.	408,982
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		500,000

13. Program Performance



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

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

The Center includes a receiving facility, an integrated crisis stabilization unit & addiction receiving facility, various levels of residential treatment, transitional housing, day programs, outpatient behavioral health & integrated primary care, dental & optometry services, vocational rehabilitation & employment services, classrooms & educational spaces, and housing assistance, among others.

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

Funds will support 3 additional CSU beds, increasing the total number of beds to 13. The CSU provides residential crisis stabilization services for adults experiencing acute mental health problems on a voluntary and involuntary basis. These beds will enhance public safety, save critical tax dollars, significantly reduce homelessness, and offer a future of recovery for people with MH and SUD.

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

It is estimated that around 730 individuals will benefit from these services. This diverse group encompasses people from all genders, adult age groups, racial and cultural backgrounds, socio-economic standings, as well as varied educational and employment histories. Specifically, our program aims to assist individuals with co-occurring behavioral health disorders (COD), which means they have two or more concurrent conditions. Among these are individuals struggling with mental health challenges, those without employment, economically disadvantaged individuals, drug users seeking health services, individuals who are currently or have been incarcerated in the past, and those involved as drug offenders within the criminal justice system.

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

The program aims to bring about multiple positive outcomes for its participants. We anticipate that participants will show marked improvements in mental health symptoms and overall mental functioning. Another significant objective is to reduce recidivism by diverting individuals from the criminal justice system. Also, we aim to see decreased recidivism rates among participants during the program and after their discharge. Additionally, we aspire for our participants to remain drug-free and not relapse during their treatment. To gauge the effectiveness of these interventions, we will rely on program data, documenting individual participant progress as recorded by our dedicated staff.

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?

Mandatory corrective action and performance improvement activities. Without improvement, return of funds.

14. Is this project related to mitigation, response, or recovery from a natural disaster? ☐ No

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	Danny	Last Name	Blanco
b. Organization	WestCare Florida, Inc.		
c. E-mail Address	danny.blanco@westcare.com		
d. Phone Number	(786)306-2849	Ext.	

18. Recipient Contact Information

a. Organization	The Village South, Inc.
b. Municipality and County	Miami-Dade
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.