The Florida Senate
Local Funding Initiative Request
Fiscal Year 2026-2027

LFIR # 1087

1. Project Title Circles of Care - Behavioral Health Facilities Renovation and Safety Improvements

2. Senate Sponsor Debbie Mayfield

3. Date of Request 11/4/2025

4. Project/Program Description

Circles of Care, Brevard County's nonprofit Community Behavioral Health Center and designated Central Receiving Facility, requests $750,000 to complete facility renovations and safety improvements across its behavioral health campuses. Projects include roof and parking lot replacements, flooring and restroom renovations, HVAC and kitchen upgrades, replacement of patio structures damaged by hurricanes, structural reinforcement of aging exterior walls, and safety enhancements such as ligature-resistant door systems and door-top alarm installations consistent with patient-safety audit recommendations. These renovations will preserve aging facilities, enhance staff and patient safety, extend building life, and modernize clinical and residential environments consistent with state and federal behavioral health standards.

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	0
Fixed Capital Outlay	750,000
Total State Funds Requested	**750,000**

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)	750,000	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	**750,000**	**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? No

a. If yes, indicate nonrecurring amount per year.

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

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? 7/1/2026

d. What is the estimated completion date of construction? 6/30/2027

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

General revenue from Circles of Care operations will support ongoing operations and maintenance of the improvements.

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.

Facility Owner: Circles of Care, Inc. is a Florida-registered 501(c)(3) nonprofit community behavioral health provider. Circles of Care, Inc. is both the recipient and sole owner of the facilities where the improvements will occur.

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	Projects include roof and parking lot replacements, flooring and restroom renovations, HVAC and kitchen upgrades, replacement of patio structures damaged by hurricanes, structural reinforcement of aging exterior walls, and safety enhancements such as ligature-resistant door systems and door-top alarm installations consistent with patient-safety audit recommendations.	750,000
Total State Funds Requested (must equal total from question #6)		**750,000**

13. Program Performance

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

To modernize and preserve behavioral health facilities serving Brevard County residents by completing targeted structural, safety, and accessibility renovations across Circles of Care's hospital, residential, and outpatient campuses.

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

Renovate and improve behavioral health facilities, including roofs, bathrooms, flooring, parking areas, patient safety upgrades, and staff spaces across multiple program sites.

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

The project directly benefits patients, staff, and visitors by providing safe, modern, and compliant treatment and residential environments for mental health and substance use disorder care.

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

Adults and youth receiving inpatient, residential, or outpatient behavioral health services, including Medicaid, uninsured, and indigent populations of Brevard County. Circles of Care serves approximately 12,000 individuals annually.

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

Improved facility safety, accessibility, and compliance; reduced maintenance costs; enhanced patient experience; and preservation of essential behavioral health infrastructure.

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?

(1) Enhanced Reporting: Require monthly performance reports and leadership check-ins until the CAP is satisfied.
(2) Reallocation/Suspension: For persistent non-performance, reallocate remaining funds to activities that directly advance deliverables.

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 infastructure)

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

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	Stephen	**Last Name**	Lord
b. Organization	Circles of Care, Inc.		
c. E-mail Address	slord@circlesofcare.org		
d. Phone Number	(321)693-6899	**Ext.**	

18. Recipient Contact Information

a. Organization	Circles of Care, Inc.		
b. Municipality and County	Brevard		

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	Stephen	**Last Name**	Lord
e. E-mail Address	slord@circlesofcare.org		
f. Phone Number	(321)693-6899	**Ext.**	

19. Lobbyist Contact Information

a. Name	Steve Crisafulli
b. Firm Name	SBM Partners, Inc.

c. E-mail Address steve@stevecrisafulli.com

d. Phone Number (321)223-8862

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