

LFIR # 1701

1. Project Title	Hope Healing an (Hillsborough Co		ter for Women at Phoer	nix House Florida		
		ипту)				
2. Senate Sponsor	Danny Burgess					
3. Date of Request	11/30/2021					
4. Project/Program De	scription					
House Florida) is req focused on women v rooms, group counse area to include a play name a few features	uesting funding for eterans along with eling spaces, indivic yground for childrer . The additional 20	the general start women throughous lual counseling on activity center, residential treatn	t-up costs of a new 20 bout the community. The	ped Residential Drug facility includes 20 ith full kitchen, staff , staff offices, and v Phoenix House Flo	lounge, family visitation cocational center to	
5. State Agency to rec			tment of Children and F	•		
State Agency conta	<u>-</u>					
6. Amount of the Nonr		for Eiscal Voar	2022-2023			
	ecurring Nequest	- IOI FISCAI TEAL			1	
Type of Funding			Amo			
Operations				900,000		
Fixed Capital Outlay Total State Funds R)		900,000			
Total Otato Fando I	toquootou			000,000	J	
7. Total Project Cost fo	or Fiscal Year 2022	2-2023 (includin	g matching funds ava	ilable for this proj	ect)	
Type of Funding			Amount	Percentage		
Total State Funds Re	equested (from que	stion #6)	900,000	100%		
Matching Funds						
Federal			0	0%		
State (excluding the	amount of this requ	est)	0	0%		
Local			0	0%		
Other			0	0%		
Total Project Costs	for Fiscal Year 20	22-2023	900,000	100%		
8. Has this project pre	viously received s	state funding?	No			
			Constitu	Matari]	
Fiscal Year	Amo	unt	Specific	Vetoed		
Fiscal Year (yyyy-yy)	Amo Recurring	unt Nonrecurring	A	vetoed		
			A	Vetoed		
(уууу-уу)	Recurring	Nonrecurring	A	Vetoed		
(yyyy-yy) 9. Is future funding lik	Recurring ely to be requeste	Nonrecurring	Appropriation #	Vetoed		
(yyyy-yy) 9. Is future funding lik a. If yes, indicate no	Recurring ely to be requeste	Nonrecurring d? nt per year.	Appropriation #			
(yyyy-yy) 9. Is future funding lik a. If yes, indicate no	Recurring ely to be requeste	Nonrecurring d? nt per year.	Appropriation #			



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No		

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

N/A - new project	\ †		
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11. Details on how the requested state funds will be expended

Spending Category Description		
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	Staffing costs make up a significant portion of the operating costs of any facility that provides direct care to individuals, and our 20-bed residential facility would be no different. Operational costs for staff include, but is not limited to, case management, clinicians, behavioral health technicians, wellness peer specialists, drivers, and clinical director. The number of staff would depend on the facility occupancy and the acuteness of the patients' conditions.	250,000
Expense/Equipment/Travel/Supplies/ Other	Operational costs to start up this inpatient facility, including medications, food, toiletries, clothing/linens, utilities, beds and furniture for patients, tables, chairs, telephone equipment, group room furniture, cafeteria furniture and equipment, gym equipment, etc. The vocational center will also require desks, chairs, computers, a printer, basic office supplies, etc.	650,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	900,000

12. Program Performance

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

The purpose of this project is to address the unprecedented increase in substance use disorders (SUD) that has occurred during the COVID-19 pandemic. Hillsborough County has experienced the highest number of overdose deaths ever recorded (37% increase) surpassing the vast majority of other communities throughout the state. There is a great need for a residential SUD treatment program for Women within our county and we would like to lead this vital programming and mission.

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

With the support from the State of Florida Legislature, Phoenix House Florida will be able to afford the start-up operational costs of a 20-bed residential rehabilitation facility serving our women Veterans and our community. With this facility, Phoenix House Florida will offer evidence-based and medication-assisted treatment to female patients within Hillsborough County, which has been hit the hardest by the opioid epidemic which took over 2,000 lives in our county in 2019.

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



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Medication-assisted treatment, assessment, therapy, and case management providing access to care for female patients suffering from SUD. This facility will enable patients vital access to a continuum of care, mental health and substance abuse, peer support, supportive housing, family involvement and provide resources to the community.

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

The target population includes Veteran women and women with poor mental health who struggle from SUD. These women are usually also in poor physical health, economically disadvantaged, at-risk, homeless and/or currently/formerly incarcerated, and victims of domestic violence. The start-up funds for this facility will increase capacity to 80 women per year.

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

The expected outcome of this project is the improvement of mental health and drug addiction to women Veterans and women who need increased access to timely integrated behavioral health and medication-assisted treatment; regain behavioral, physical and emotional health. Additionally upon completion of the program, leave with employment opportunities and supportive housing options that will support and promote her growth in recovery.

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?

Return of funds.

13. 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.

Phoenix Programs of Florida, Inc. is a non-profit 501(c)(3) organization. As a corporate entity, it has no individual owners.



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14.	Requestor Contact	Informat	ion				
	a. First Name	Maria		Last Name	Alvarez		
	b. Organization	Phoenix Programs of Florida, Inc.					
	c. E-mail Address	malvarez	@phoenixfl.org				
	d. Phone Number	(813)463	(813)463-2395 Ext.				
15.	15. Recipient Contact Information						
	a. Organization	Phoenix Programs of Florida, Inc.					
	b. Municipality and County Hillsborough						
	c. Organization Type						
	□For Profit Entity	1					
	☑Non Profit 501(c	c)(3)					
	□Non Profit 501(d)1(c)(4)					
	□Local Entity	Local Entity					
	□University or College						
	□Other (please specify)						
	d. First Name	Maria		Last Name	Alvarez		
	e. E-mail Address	malvarez	@phoenixfl.org				
	f. Phone Number						
16.	16. Lobbyist Contact Information						
	a. Name	Sandra N	Murman				
	b. Firm Name	Shumaker Advisors Florida, LLC					
	c. E-mail Address	smurman@shumakeradvisors.com					
	d. Phone Number	(813)625-9081					