

LFIR # 1232

1. Project Title	Gracepoint Outpatient Center

2. Senate Sponsor Jay Collins

3. Date of Request 1/28/2025

4. Project/Program Description

Construction of the Gracepoint Outpatient Center, creating greater treatment, continuity of care, integrating mental health, pharmacy, substance use, and primary care services. This will decrease emergency room visits by 74% and law enforcement encounters by 95%. It will also enhance direct care service to thousands of patients through the provision of outpatient therapy and medication management, care coordination, substance use disorder services, and assertive community treatment. Expanded outpatient aftercare for our 400+ forensic patients and 300+ trauma patients we will serve with additional inpatient programs. Outpatient services will include mental health, substance use, and medical services, creating greater continuity of care, integrating mental health, pharmacy, substance use, and primary care services by direct care service to more than 1,000 patients through the provisions of outpatient therapy, medication management, and care coordination.

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 2025-2026

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	1,450,000
Total State Funds Requested	1,450,000

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage	
Total State Funds Requested (from question #6)	1,450,000	75%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	0	0%	
Local	0	0%	
Other	485,000	25%	
Total Project Costs for Fiscal Year 2025-2026	1,935,000	100%	

8. Has this project previously received state funding? If yes, provide the most recent instance:

Fiscal Year	Amo	ount	Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	

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

No

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 Obesign Obesign Obesign Obesign Obesign

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?

Medicare, Medicaid, DCF, private health insurance, charitable contributions

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.

Yes

07/01/25

05/30/2026

Gracepoint is the owner.

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/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Construction/Renovation of an outpatient care facility to provide comprehensive integrated care to include mental health, substance use and medical care will require interior wall, electrical, and plumbing renovations and modifications, proper fire suppression, technology, security system, emergency generator, HVAC upgrades, and exterior grounds work for added parking.	1,450,000
Total State Funds Requested (m	ust equal total from question #6)	1,450,000

13. Program Performance

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



Provide space for care coordination to close/eliminate the gap between inpatient treatment and outpatient follow up/ongoing care. It will also expand much needed virtual health services as well as provide adequate group rooms to conduct after treatment including but not limited to, trauma informed care, domestic violence, postpartum depression, substance use, recidivism avoidance in Tampa Bay.

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

This project allows us to better serve clients through the provision of outpatient therapy and medication management. primary health care, pharmacy services, care coordination, substance use disorder services, assertive community treatment, as well as community education. Data indicates a 74% reduction in emergency rooms visits and 96% reduction with law enforcement encounters

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

The result will be expanded outpatient aftercare for our 400+ forensic patients and 300+ trauma patients we will serve with additional inpatient programs. Outpatient services will include mental health, substance use, and medical services. creating greater continuity of care, integrating mental health, pharmacy, substance use, and primary care services by direct care service to more than 1,000 patients through the provision of outpatient therapy and medication management, care coordination, substance use disorder services, and assertive community treatment.

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

400+ forensic patients and 300+ trauma patients will receive services annually. Populations include persons with poor mental health, Persons with poor physical health, Jobless persons, Economically disadvantaged persons, Homeless, Developmentally disabled, Physically disabled, Victims of crime.

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

be measured?

The facility will include a multi-disciplinary team to address issues physical and mental health issues. There will be an overall reduction in readmissions and better mental and physical health outcomes. Care Coordination has been shown to result in a 74% reduction in emergency room visits and a 95% reduction in law enforcement encounters. Advanced care coordination and diversion reduces costs to the state by more than 50%.

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?

Return of funds to the administering agency.

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



LFIR # 1232

	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	Roaya	Last Name	Tyson
b. Organization	Gracepoint Wellness		
c. E-mail Address	rtyson@gracepointwellne	ss.org	
d. Phone Number	(813)239-8008	Ext.	

18. Recipient Contact Information

		-			
a. Organization	Gracepoi	int Wellness			
b. Municipality and County Hillsborough					
c. Organization Ty	pe				
□For Profit Entity	,				
☑Non Profit 501(c)(3)				
□Non Profit 501(c)(4)				
□Local Entity					
□University or Co	ollege				
□Other (please s	pecify)				
d. First Name	Roaya		Last Name	Tyson	



LFIR # 1232

e. E-mail Address	rtyson@gracepointwellnes	s.org	
f. Phone Number	(813)239-8008	Ext.	
19. Lobbyist Contact I	nformation		
a. Name	John David White		
b. Firm Name	Shumaker Advisors Florid	la, LLC	
c. E-mail Address	jd@catalystconsultingfl.co	m	
d. Phone Number	(727)313-2241		

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