

LFIR # 1305

1. Project Title	Broward Addic	tion Recovery Ce	nter Services Peer Supp	ort	
2. Senate Sponsor	Tina Polsky				
3. Date of Request	2/13/2025				
4. Project/Program D	escription				
substance use disor quality of personal a	rders. This is nece and family life, and	ssary not just to a to reduce recidiv	term recoveries of indivious in initiating and maism and the societal costystem of Care (ROSC).	intaining recovery, the sassociated with a	out also to enhance the ddiction. It will also aid
5. State Agency to re-	ceive requested f	i unds Depa	rtment of Children and F	amilies	
State Agency conta	•				
		ot for Figure Voc	2025 2026		
6. Amount of the Non	recurring Reques	St for Fiscal Year			ı
Type of Funding			Amo		
Operating				490,000	
Fixed Capital Outlay				100 000	
Total State Funds	Requested			490,000	
7. Total Project Cost f	for Fiscal Year 20	25-2026 (includi	ng matching funds ava	ilable for this proj	ect)
Type of Funding			Amount	Percentage	
T . 10 E . D				4000/	
	tequested (from qu	uestion #6)	490,000	100%	
Matching Funds	Requested (from qu	uestion #6)	·		
Matching Funds Federal			0	0%	
Matching Funds Federal State (excluding the			0	0% 0%	
Matching Funds Federal State (excluding the Local			0 0	0% 0% 0%	
Matching Funds Federal State (excluding the			0	0% 0%	
Matching Funds Federal State (excluding the Local	amount of this red	quest)	0 0	0% 0% 0%	
Matching Funds Federal State (excluding the Local Other	amount of this red s for Fiscal Year 2 eviously received	quest) 2025-2026 I state funding?	0 0 0	0% 0% 0% 0%	
Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profif yes, provide the	s for Fiscal Year a eviously received most recent insta	quest) 2025-2026 I state funding?	0 0 0 0 490,000 No	0% 0% 0% 0%	
Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profit yes, provide the	s for Fiscal Year a eviously received most recent insta	quest) 2025-2026 d state funding? ance:	0 0 0 490,000 No	0% 0% 0% 0% 100%	
Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profit yes, provide the Fiscal Year (yyyy-yy) 9. Is future-year fund a. If yes, indicate n	e amount of this red s for Fiscal Year 2 eviously received most recent insta An Recurring ing likely to be red conrecurring amo	quest) 2025-2026 d state funding? ance: Nonrecurrin equested? ount per year.	0 0 0 490,000 No	0% 0% 0% 100%	



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The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

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a. What is the cu		he project?	
Planning	Design	Construction	○ N/A
b. Is the project	"shovel ready" (i.e permitted)?	
c. What is the es	timated start da	te of construction?	
d. What is the es	timated comple	tion date of constru	iction?
e. What funding	stream will be u	sed for ongoing ope	erations and maintenance of the project?
		o receive, directly or rs of the facility and	r indirectly, any fixed capital outlay funding. Include the d 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		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	A local peer support initiative to increase the number of certified peer support specialists providing peer-based care at licensed substance use disorder (SUD) providers.	490,000
Expense/Equipment/Travel/Supplies/Other		0
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)	490,000

13. Program Performance

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

Integration of peer support services enhance the long-term recoveries of individuals receiving professional care for substance use disorders. This is necessary not just to assist in initiating and maintaining recovery, but also to enhance the quality of personal and family life, and to reduce recidivism and the societal costs associated with addiction. It will also aid in a paradigm shift towards a more Recovery-oriented System of Care (ROSC). This shift will meet the workforce where it's at.

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



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Peer support to assist in initiating and maintaining recovery.

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

Peer support to assist in initiating and maintaining recovery. The MHS/Peer position not only works with the clients experiencing the opioid epidemic but also addresses all incoming referrals for individuals with other substance use disorder issues. Peers provides supportive interventions to addicted individuals live or over the phone, as well as crisis intervention for the addicted individual and their families.

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

The target population to be served includes persons with poor mental health, persons with poor physical health, jobless persons, economically disadvantaged persons, at-risk youth, homeless persons, drug users, current or former incarcerated persons, drug offenders, and victims of crime. This population numbers several hundred individuals.

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

Integration of peer support services enhance the long-term recoveries of individuals receiving professional care for substance use disorders. The benefit of this project is to provide residents, who are in recovery, with consistent and immediate support to navigate through the continuum of care to support and sustain their recovery. The project will also aid residents in acquiring customized linkages and education to enhance the recovery process and complements the involvement of the treatment team. The program will utilize a formative and summative evaluation process to identify the number of clients who received the appropriate linkages by the peer specialist outlined in their care plan and obtain feedback from residents during and post discharge to be able to modify programming to better meet the needs of the residents.

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?	
Notification with opportunity to cure.	
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:



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6. Has the entity app	lied for or received state	e assistance f	or this projec	t (other that	n this request)'	?
☐ Yes, Applied						
☐ Yes, Received						
□ No						
☐ No, but intends to	o apply					
a. If yes, specify the Commerce):	e program and state age	ency (ex. Loca	al Governmen	t Emergenc	y Bridge Loan,	Dep
7. Requester Contact		¬			1	
a. First Name	Marty	Last Name	Cassini]	
b. Organization	Broward County]	
]	
d. Phone Number	(954)357-7575	Ext.				
3. Recipient Contact	Information					
a. Organization	Human Services/ Browar Division	rd Addiction R	ecovery			
b. Municipality and	d County Broward					
c. Organization Ty	pe					
□For Profit Entity						
□Non Profit 501(c	c)(3)					
□Non Profit 501(c						
☑Local Entity						
□University or Co	ıllege					
□Other (please sp	_					
-					1	
d. First Name	Gerard	Last Name	John]	
	gjohn@broward.org]	
f. Phone Number	(954)357-7942	Ext.				
9. Lobbyist Contact I	nformation			7		
a Namo	Monica I Rodriguez					



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b. Firm Name	Ballard Partners	
c. E-mail Address	monica@ballardpartners.com	
d. Phone Number	(850)577-0444	

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