



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1471

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The Seminole County Hope and Healing Center opened March 2021 as a pilot project to better coordinate the care and follow-up services for those suffering from Substance Use Disorders. The level 2 center provides intensive inpatient and outpatient treatment, with the capacity to house up to 30 males and 10 females, providing treatment and case management. The goal is to break the cycle of "catch, treat and release", providing treatment through this unique partnership with AdventHealth.

5. **State Agency to receive requested funds**

State Agency contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

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

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)	1,000,000	57%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	750,000	43%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	1,750,000	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		
2024-25	0	500,000	377	No

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

a. **If yes, indicate nonrecurring amount per year.**

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

Local funding and private partnerships to continue to fund the Hope & Healing Center at a smaller capacity.



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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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Furniture and equipment for upgrade needs	300,000
Consultants/Contracted Services/Study	Contracted services including peer counseling, education, and other substance abuse treatments	700,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,000,000

13. Program Performance

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

The Seminole County Hope and Healing Center opened March 2021 as a 3 year pilot project to better coordinate the care and follow-up services for those suffering from Substance Use Disorders. The level 2 center provides intensive inpatient and outpatient treatment, with the capacity to house up to 30 males and 10 females, providing treatment and case management. The goal is to break the cycle of "catch, treat and release", providing treatment through this unique partnership with AdventHealth.

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



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The Seminole County Sheriff's Office Hope for Healing Center is a pilot project that has a secure facility capable of providing temporary housing for 30 males and 10 females while awaiting placement to a long-term substance abuse treatment facility. A caseworker/peer counselor is assigned to assist each person.

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

Once an overdose occurs, a member of the SCSO SCORE team makes contact with the patient. After the initial treatment at a hospital emergency room, the patient will be brought voluntarily to the Hope for Healing Center for treatment. Patients will be provided counseling and treatment for addiction by professionals until space is available in one of the long-term substance abuse treatment centers.

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

The entire population of Seminole County plus visitors and tourists. The current population of Seminole County is approximately 480,000.

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

Care Coordination and safe place to reside while waiting for long term placement. Expanded capacity will allow law enforcement to spend more time in the community. Increased access to care and number of individuals diverted from the criminal justice system.

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?

The agency's standard contract penalties are adequate.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

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):

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)?



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- 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 **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

18. Recipient Contact Information

a. Organization

b. Municipality and County

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 **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



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