



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1544

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Mental Health Clubhouse Supported Employment program increases the financial independence of adults living with Severe and Persistent Mental Illness by equipping them with the skills and industry certifications needed to fill the staffing needs of area employers. Combined earnings of Clubhouse members statewide were \$4,749,594 in FY 2023-24 and \$10,040,538 over the last three years. Recurring state funding allocates \$1.8 million to DCF to support 14 of Florida's Mental Health Clubhouse programs at approximately \$125K each. The Legislature provided equivalent non-recurring state support for four new Clubhouse programs in 2023, reappropriated in 2024. Since then, two additional clubhouses have opened since then. State funding would allocate proportionate funding for the six new Clubhouse programs and provide support to all 20 Florida Clubhouse programs to help more adults with SPMI transition from being a tax burden to becoming taxpayers.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operating	900,000
Fixed Capital Outlay	0
Total State Funds Requested	900,000

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)	900,000	13%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	1,800,000	27%
Local	0	0%
Other	4,000,000	60%
Total Project Costs for Fiscal Year 2025-2026	6,700,000	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	1,800,000	500,000	372/BOB	No

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

a. If yes, indicate nonrecurring amount per year.

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



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All 20 Mental Health Clubhouse programs statewide raise over \$4,000,000 combined from non-state sources, including support from private foundations and donors, as well as local government support.

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	1 grants administrator (\$50,000), 2 employment Specialists x 6 programs (@ \$55,000 each position = \$660,000)	710,000
Expense/Equipment/Travel/Supplies/Other	Transportation, outreach and program support expenses for 6 Mental Health Clubhouse programs (\$15,000 each x 6 programs) to recruit employers and transport members to and from employment.	90,000
Consultants/Contracted Services/Study	Statewide Coalition Coordinator (\$60,000) + expenses (travel and per diem at \$40,000) for on-site program staff training and employer outreach, engagement and training for all 20 Florida Mental Health Clubhouses.	100,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		900,000

13. Program Performance



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

Provide proportionate state support for 6 new Mental Health Clubhouses and a full-time Coalition Coordinator under contract for one year to provide expert training and assistance for new Clubhouses to prepare for and meet the 37 Clubhouse International standards for accreditation, ensure that accredited Clubhouses maintain their accreditation, and provide more vocational training and job placement opportunities for Clubhouse members through employer outreach and recruitment.

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

In addition to \$125,000 in foundational support for the 6 new Mental Health Clubhouses, program costs would include \$60,000 for a Coalition Coordinator for one year to conduct on-site program staff training and employer outreach, engagement and training, including travel and per diem costs to all 20 Florida Clubhouses, and \$40,000 for one vehicle lease and travel expenses for statewide Coalition Coordinator in-state site visits.

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

All 20 Florida Mental Health Clubhouse programs will receive essential financial and technical support to ensure their programs are fulfilling the staffing needs for area employers while equipping more than 2,200 Clubhouse members with the skills needed to fill jobs, increasing member independence and recovery while reducing their dependency on state benefits. On-site visits to all 20 Clubhouses will facilitate employer outreach to over 150 state employers, including relationship development, job identification and ADA requirements, resulting in 500 new job placement opportunities and employer practices that maximize on-the-job success for Clubhouse members. Over 120 Clubhouse staff statewide will be provided expert technical assistance and training in Clubhouse best-practices, substantially increasing their capacity to secure and maintain Clubhouse International accreditation.

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

Adults with Severe and Persistent Mental Illnesses served by: MHA Belle Glades Clubhouse (in Palm Beach County, operated by Mental Health America of the Palm Beaches); Academy at Bradenton (in Manatee County, operated by Academy at Glengary, Inc.); Club Success Haines City (in Polk County, operated by Peace River Center); ACTS Tampa Clubhouse (in Hillsborough County, operated by Agency for Community Treatment Services); Key Clubhouse (Kendall, Miami); and Chobee Clubhouse (in Okeechobee, operated by Mental Health Association in Indian River County).

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

This request would ensure that the six new Clubhouse programs in Manatee, Hillsborough, Polk, Miami-Dade, Okeechobee and Palm Beach counties receive the same level of state support to help their members secure and sustain employment in the competitive marketplace. Independent studies have found that one year of holistic recovery services are delivered to Clubhouse members for the same cost as a 2-week stay at a psychiatric hospital. Clubhouse members experience a significant decrease in hospitalizations, reduced incarcerations & reduced criminal justice system involvement. Clubhouses are active participants in the recovery-oriented system of care, a core DCF strategy. The Clubhouse model is also a SAMHSA-recognized best practice. Outcomes will measure job training, placement and tenure of Clubhouse members.

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?

Disbursed funds for deliverables not met will be returned to the state.

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 infrastructure)



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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 **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)



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- 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

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