



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1590

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Mental Health and Substance Use Disorder (SUD) Treatment Program is dedicated to providing comprehensive, person-centered services that empower individuals on their path to recovery. Designed to support self-direction, treatment, and overall wellness, the program fosters reintegration into the community through a holistic and integrated approach. Through the co-location of primary medical care, peer support, and case management services, participants receive seamless access to essential resources that address both mental health and substance use challenges. The program follows a Recovery-Oriented System of Care, ensuring the delivery of “wrap-around” recovery support services that enhance engagement, improve outcomes, and promote long-term stability. By prioritizing accessibility, individualized care, and a supportive environment, the program helps individuals achieve sustainable recovery, improve their well-being, and rebuild their lives within the community.

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	1,500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,500,000</b>

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)	1,500,000	47%
<b>Matching Funds</b>		
Federal	1,700,000	53%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>3,200,000</b>	<b>100%</b>

8. Has this project previously received state funding?  No

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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.



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Currently, Camillus House (CH) does not have alternative funding sources available to expand the program and increase capacity. However, CH remains committed to seeking additional revenue streams through private funding opportunities and federal grant allocations that align with relevant Notices of Funding Opportunity (NOFOs).

## 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	VP of Behavioral Health- 20% = \$35,840 including benefits Director of Treatment-15% = \$ 19,200 including benefits	55,040
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	other- Federally Approved Indirect Cost Rate 16.3%	210,232
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Program Supervisor @ .50 FTE- \$48,000, including benefits (2 FTE) Case Managers @ \$70,400 each, including benefits (5 FTE) Residential Support staff @ \$57,600 each, including benefits (2 FTE) Clinicians @ \$108,800 each, including benefits	694,400
Expense/Equipment/Travel/Supplies/Other	Client Direct support: educational/vocational training expenses (registration, tuition, fees) and supplies (uniforms, equipment); transportation/bus passes for employment/housing search; food; clothing; supplies; move out expenses. Staff Travel- local Program Supplies- supplies needed to conduct program activities Facility Costs- utilities, security, repairs & maintenance, insurance/liability, IT support	260,328
Consultants/Contracted Services/Study	RN- \$80,000 Psych- \$150,000 Workforce Development- \$50,000	280,000



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<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/ Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,500,000</b>

### 13. Program Performance

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

Increasing program capacity by adding 15 more treatment beds is to expand access to critical mental health and substance use disorder (SUD) treatment services for individuals experiencing homelessness or facing barriers to care. Enhancing the program’s capacity aims to provide more individuals with comprehensive, person-centered support that promotes recovery, stability, and long-term reintegration into the community. The primary goal of this expansion is to improve service accessibility and retention by accommodating a greater number of individuals in need of treatment. By increasing the number of treatment beds, CH will be able to: Reduce wait times for those seeking care; Provide a stable and supportive environment for more individuals; Enhance recovery outcomes through integrated medical, peer support, and case management services; Strengthen the overall impact of the program by reaching more individuals and improving long-term recovery and housing stability

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

The following activities and services will be implemented to fulfill the intended purpose of these funds:  
 Increased Residential Treatment Capacity  
 Enhanced Clinical and Behavioral Health Services  
 Integrated Medical and Wellness Support  
 Case Management and Peer Support  
 Recovery and Community Reintegration

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

Services will include individual and group therapy using evidence-based approaches and psychiatric evaluations with crisis intervention for immediate mental health needs. On-site primary medical care and medication management will ensure integrated physical and behavioral healthcare. Case management will connect individuals to benefits, referrals, and recovery planning and provide mentorship from those with lived experience. Discharge planning and housing assistance will facilitate stable, independent living post-treatment. To promote long-term recovery, the program will offer vocational training, job readiness support, financial literacy, and life skills education. By increasing capacity and enhancing services, this initiative will improve treatment accessibility, retention, and outcomes. It will empower individuals to achieve stability, independence, and successful reintegration into the community.

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

The target population served by this project includes individuals experiencing homelessness who are struggling with mental health and substance use disorders (SUD). This project is specifically aimed at those who require residential treatment and long-term recovery support to overcome these challenges. The program will prioritize individuals who have difficulty accessing care due to their circumstances, providing them with the necessary resources and services for recovery and community reintegration. It is expected that the expansion will serve approximately 30 individuals annually through the additional treatment beds, enhanced clinical and medical services, and comprehensive recovery support activities. This will increase the program’s capacity and reach, allowing more individuals to access the services they need for long-term stability and successful reintegration into the community.

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

Key outcomes include increased treatment engagement, reduced substance use, enhanced mental health, and successful transitions to stable housing and employment. Methodology for Measuring Outcomes: Treatment Engagement and Retention Rates: Monitor the number of individuals who complete treatment and stay engaged in services. Substance Use and Mental Health Improvements: Use standardized assessment tools to track reductions in substance use and improvements in mental health. Housing Stability: Track the percentage of participants who secure stable, permanent housing post-treatment. Employment and Self-Sufficiency: Monitor participation in vocational training, job readiness programs, and employment outcomes. Participant Feedback: Collect qualitative data via surveys or interviews to gauge satisfaction and perceived recovery progress.



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**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?**

In addition to standard penalties for failing to meet deliverables or performance measures outlined in standard DCF contracts, the contracting agency may consider the following suggested penalties: Extension of Reporting and Corrective Action Requirements: The contractor may be required to submit more frequent progress reports, action plans, or corrective measures for addressing performance gaps. Suspension of Services: Temporarily suspending or limiting the scope of services provided until the contractor demonstrates compliance with the performance measures. Termination of Contract: If performance failures are significant or persistent, the contracting agency may have the right to terminate the contract entirely. Additional Monitoring or Audits: The contractor may be subject to increased oversight, including more frequent audits or performance evaluations to ensure corrective actions are being implemented effectively.

**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)

**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):**



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#### 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

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