



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1877

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The opioid epidemic continues to discriminate and has no boundaries. By 2021, the extremely potent synthetic opioid, Fentanyl was involved in 94% of pediatric opioid deaths and parental substance use is the number one cause for removal of children under the age of five (5) years. WRCT will provide access to safe efficient and cost effective and comprehensive residential level II substance use. Prioritizing those who are pregnant or post-partum the program will take a client centered whole approach providing access to quality pre- and post-natal care and Medication Assisted Treatment while also addressing social and economic disparities unique to women, women with children.

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	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>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)	500,000	100%
<b>Matching Funds</b>		
Federal	0	0%
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>500,000</b>	<b>100%</b>

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	0	500,000	377	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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## 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Funding will provide ten additional residential beds in our existing program. Salaries and benefits are comprised of a portion of staff to provide 24 hour a day, 7 day a week care that includes 11 counselors, 4 techs, 1 dietician, 1 nurse and the program director.	376,000
Expense/Equipment/Travel/Supplies/Other	Travel and expenses is budgeted for a portion of annual costs of gas, insurance and rent of vehicles to transport patients to and from treatment and scheduled appointments.	102,000
Consultants/Contracted Services/Study	Consultants and contracted services include a portion of the cost associated with STEPS contracted medical director who provides immediate access to crucial medical screenings.	22,000
<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>500,000</b>

### 13. Program Performance

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



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The specific goal will be to reduce immense costs to publicly funded systems by collaborating with child welfare agencies, hospitals, emergency rooms, court and criminal justice systems to provide a family-centered alternative to treatment and recovery.

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

In addition to level II residential treatment beds that will take a client-centered, culturally responsive approach to treatment through an Evidenced Based program inclusive of group therapy, individual and family counseling Medication Assisted Treatment (MAT), Pre and Post natal care will also be provided. The unique social and economic disparities faced by women, women with children will also be addressed that includes trauma and abuse, education, employment, mental health, sexually transmitted disease, familial and partner influences and relationships

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

Funds for this project will provide ten (10) level II residential treatment beds, evidenced based group and individual counseling, case management, family counseling, child welfare coordination, transportation to and from treatment as well as all appointments that includes visitation with child(ren), Medication Assisted Treatment (MAT), Medical appointments and job interviews.

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

STEPS target population will be indigent women, women with children. Prioritizing those who are pregnant and/or injecting drug users. Our experience in addressing the unique needs of women will anticipate serving those who are of mental and physical health, unemployed, homeless, developmentally or physically disabled, currently or formerly incarcerated and 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?**

Multiple studies indicate the living conditions of individuals with low resources put them at risk biologically, psychologically, and socially. Women living in poverty who have children face unique challenges with more than half (56%) of Florida's children living in or near poverty. Obstacles to access treatment include cost, transportation, wait lists and stigma. The benefits will ultimately remove these obstacles. Outcomes that will be measured through person centered treatment planning and documented in client files will include 80% of successful participants served will receive primary medical care, mental health care sand stabilize on medications while in treatment, will be referred to GED classes and testing, will comply with court orders and supervision, obtain employment or other stable income, will return to safe and stable housing.

**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?**

Suggested penalties the contracting agency may consider in addition to standard penalties for failing to meet deliverables or performance measures provided for in the contract may include: No payment of funds to agency as a result of not admitting clients within sixty (60) days of funding being made available; or No payment of funds to the agency if identified beds are vacant more than thirty (30) days.

**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?**



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- 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)
- Non Profit 501(c)(4)



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- 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.*