



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1980

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This project is the construction of new residential treatment facility located adjacent to, and replacing, our current dated residential treatment facility at 1020 N. Krome Ave, Homestead, FL. This facility will double our capacity from 60 to 120 beds and triple the amount of space available (7,700 sq ft. vs. 24,500 sq ft.) for clients and program staff members. This new facility is anticipated to serve an additional 300 individuals per year, reducing the significant strain on system ERs and CSUs and local waitlists for treatment. The requested funds represent 10.7% of the total project budget of \$9.33 million.

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	0
Fixed Capital Outlay	1,000,000
<b>Total State Funds Requested</b>	<b>1,000,000</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)	1,000,000	11%
<b>Matching Funds</b>		
Federal	1,679,556	18%
State (excluding the amount of this request)	1,151,311	12%
Local	0	0%
Other	5,500,000	59%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>9,330,867</b>	<b>100%</b>

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		
>5 years		250,000	369	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.

In lieu of state appropriations funding, we would need to increase the amount funds raised from individuals and foundations to this project.



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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)?

No

c. What is the estimated start date of construction?

11/01/2025

d. What is the estimated completion date of construction?

11/01/2026

e. What funding stream will be used for ongoing operations and maintenance of the project?

New Hope has 12 independent service contracts with various federal, state, local and private agencies with awards totaling \$8.9 million as of FY 2024-25. All contracts are recurring, multi-year grants that would provide support service dollars for residential treatment in the new facility once built.

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.

New Hope C.O.R.P.S., Inc. is a 501(c)(3) non-profit organization that will be the sole owner of the newly constructed facility.

### 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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	~14.9% of Total Hard Costs @ \$270 per sq. ft. x 24,530 sq. ft.; \$25 x 7,600 sq. ft. for paving & drainage and \$150,000 for landscaping, irrigation, and illumination	1,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,000,000</b>

### 13. Program Performance

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



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To increase the ONLY SAMH beds for adult males in South Miami-Dade via the construction of new, state-of-art residential treatment facility. Goals: 1) Increase the # of individuals served from 300 annually to 600 annually 2) Reduce treatment wait times for those struggling with SA and MH disorders throughout the County from ~ 30 days to < 7 days 3) Decrease avoidable hospitalizations, incarcerations, and homelessness and 4) Provide increased space & amenities to those receiving residential care.

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

These funds will provide approximately 14.9% of hard costs associated with construction of the new, 24,530 sq. ft. facility including building materials, plumbing, electrical, paving, drainage, landscaping, irrigation, and lighting for the new site. The activities at this site will replace treatment services at our current site.

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

Direct services provided at the site include: Residential Level II Substance Abuse and Mental Health treatment including transitional housing, individualized assessment and treatment plan, group and individual therapy, case management, peer support services, housing navigation, employment services, STI intervention and prevention, medical care, medication management, and MAT services for opioid and alcohol use disorders.

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

Adult males with substance abuse and mental health disorders. Approximately 600 individuals annually will be served in the new facility.

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

1) Improved physical health - 95% of program participants will be linked to primary care services measured via individual chart reviews, 2) Improved mental health - 90% of program participants will not require acute care (CSU) for a mental health episode from admission to discharged measured via DCF IRAS records, Individual case/chart reviews, 3) Increased or improved economic activity – At least 10% of participants will experience a change in employment status from admission to discharge & at least 94% will be stably housed at discharge as measured via FASAMS State Reporting Data, 4) Reduced recidivism – The percent change in adults arrested 30 days prior to admission vs prior to discharge will be 15% measured via FASAMS State Reporting Data, 5) Reduced substance abuse - 51% of participants will complete substance abuse treatment with at least a 30-day period of without using illicit drugs or alcohol

**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?**

Financial consequences for Failure to Perform may include but are not limited to refusing payment, withholding payments until deficiency is cured, tendering only partial payments, imposition of penalties and termination of contract.

**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



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- 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)
- Local Entity
- University or College
- Other (please specify)



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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.*