

LFIR # 2001

| 1. Project Title | Phoenix House Facility | Programs of Flo | orida - Fu | rnish/Equip Add | diction Recovery | | |
|--|--|--|--|---|--|---|--|
| 2. Senate Sponsor | Jay Collins | | | | | | |
| 3. Date of Request | 1/28/2025 | | | | | | |
| 4. Project/Program De | escription | | | | | | |
| health needs by esta Hillsborough County to traditional incarcer | ablishing a new 85- Sheriff's Office an ration, in partnersh the facility, and op grated programmir port reintegration. | bed residential of Orient Road Join With the Hillsherations will be song, including tractions with only physic | treatment ail. This poorough (sustained uma-infor al equipn | facility in Hillsh project emphasi County governn I through a cont med care, medi nent needed to | porough County, ac izes step-down trea nent. The county ha tract with the count ication management complete the proje | Atment as an alternative as already invested \$5 y. The center will offer at and robust case ct, this initiative will | |
| 5. State Agency to rec | eive requested fu | u nds Depa | artment o | f Children and F | amilies | | |
| State Agency contact | cted? Yes | | | | | | |
| 6. Amount of the Nonr | ecurring Reques | t for Fiscal Yea | r 2025-20 |)26 | | | |
| Type of Funding | | | | Amo | ount | | |
| Operating | | | | 1,000,000 | | | |
| Fixed Capital Outlay | | | | 0 | | | |
| Total State Funds Requested 1,000,000 | | | | | | | |
| | | | | | 1,000,000 | J. | |
| 7. Total Project Cost fo | • | 25-2026 (includ | ing matc | hing funds ava | , | | |
| 7. Total Project Cost fo | • | 25-2026 (includ | | hing funds ava | , | | |
| • | or Fiscal Year 202 | , | | | ailable for this pro | ject) | |
| Type of Funding | or Fiscal Year 202 | , | | mount | ailable for this pro | ject) | |
| Type of Funding Total State Funds Re | or Fiscal Year 202 | , | | mount | ailable for this pro | ject) | |
| Type of Funding Total State Funds Re | or Fiscal Year 202 equested (from qu | estion #6) | | 1,000,000 | Percentage | ject) | |
| Type of Funding Total State Funds Re Matching Funds Federal | or Fiscal Year 202 equested (from qu | estion #6) | | 1,000,000 0 | Percentage 179 09 09 839 | ject) 6 6 6 | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the | or Fiscal Year 202 equested (from qu | estion #6) | | 1,000,000 0 | Percentage 179 09 09 839 | ject) 6 6 6 | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local | equested (from que | estion #6) | | 0 5,000,000 | Percentage 17% 0% 0% 83% | ject) | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other | equested (from que amount of this req for Fiscal Year 2 | estion #6) uest) 025-2026 state funding? | A | 1,000,000 0 5,000,000 | Percentage 17% 0% 0% 83% | ject) | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre If yes, provide the n | equested (from que amount of this req for Fiscal Year 2 | estion #6) uest) 025-2026 state funding? nce: | No | 1,000,000 0 5,000,000 6,000,000 | Percentage 17% 0% 0% 83% | ject) | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre If yes, provide the n | equested (from que amount of this req for Fiscal Year 2 | estion #6) uest) 025-2026 state funding? nce: | No | 1,000,000 0 5,000,000 0 6,000,000 | 0% 0% 83% 0% 100% | ject) | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre If yes, provide the n | equested (from que amount of this req for Fiscal Year 2 eviously received most recent insta | estion #6) uest) 025-2026 state funding? nce: | No | 1,000,000 0 5,000,000 6,000,000 | 0% 0% 83% 0% 100% | ject) | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre If yes, provide the n | equested (from que amount of this req for Fiscal Year 2 eviously received most recent insta Am Recurring | estion #6) uest) 025-2026 state funding? nce: ount Nonrecurrin | No | 1,000,000 0 5,000,000 6,000,000 | 0% 0% 83% 0% 100% | ject) | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Electrical) Other Total Project Costs 8. Has this project pre If yes, provide the matching Fiscal Year (yyyy-yy) | equested (from quested (from quested (from quested (from quested (from quested (from quested for Fiscal Year 2 eviously received most recent instated Am Recurring | estion #6) uest) 025-2026 state funding? nce: ount Nonrecurrin | No Ap | 1,000,000 0 5,000,000 6,000,000 | 0% 0% 83% 0% 100% | ject) | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre If yes, provide the n Fiscal Year (yyyy-yy) 9. Is future-year funding | equested (from quested (from quested (from quested (from quested (from quested (from quested for Fiscal Year 2 eviously received most recent instated Am Recurring englikely to be reconrecurring amount | estion #6) 025-2026 state funding? nce: ount Nonrecurring quested? unt per year. | No No | 1,000,000 0 0 5,000,000 0 6,000,000 Specific propriation # | Percentage 179 09 09 839 09 1009 | ject) | |



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

|) Planning | urrent phase of t | Construction | O N/A | | | |
|----------------|-------------------|------------------------|------------|----------------|------------------|-------------|
| Ü | "shovel ready" | | | | | |
| | • | ite of construction? | | 01/01/2023 | | |
| What is the es | stimated comple | tion date of construc | tion? | 12/31/2025 | | |
| Nhat funding | stream will be u | sed for ongoing ope | rations a | nd maintenance | of the project? | • |
| | | | | | |] |
| | | | | | | |
| | | o receive, directly or | | | tal outlay fundi | ng. Include |
| lationship be | etween tne owne | rs of the facility and | tne 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 | Medical Equipment, and equipment and furnishings for Waiting Rooms, Kitchen/Cafeteria, Group Rooms, Computer Learning, Security, Laundry, Janitorial, Classroom, Offices, Dorm Furniture, Staff Break Rooms, Phones & Service, Search Rooms, Gym, and ITA Server Equipment | 1,000,000 | |
| Consultants/Contracted Services/Study | | 0 | |
| Fixed Capital Construction/Majo | r Renovation: | | |
| Construction/Renovation/Land/ Planning Engineering | | 0 | |
| Total State Funds Requested (must equal total from question #6) | | | |

13. Program Performance

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



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The funds requested will be used to purchase essential equipment, appliances, and furnishings for a new 85-bed residential substance-use treatment facility, including necessary medical equipment, dorm furniture, kitchen and cafeteria appliances, IT and security systems, gym and recreational equipment, and classroom and office furnishings. This facility will serve justice-involved individuals referred as a court-ordered alternative to incarceration or step-down from traditional incarceration, in cooperation with the Hillsborough County government. Hillsborough County has already invested nearly \$5 million to renovate a facility near the jail for this purpose, and with the requested funds, Phoenix House Florida could be operational by the end of 2024. We are the only organization in the region qualified to carry out this program, and the county is ready to move forward as soon as we procure the necessary funds and equipment.

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

This facility will provide access to timely integrated primary and behavioral health care for individuals struggling with mental illness and SUD treatment. The designed length of stay will be 60-120 days. The facility will offer programming seven days a week utilizing a variety of different resources and therapeutic interventions treating the whole patient with a continuum of services, including care for co-occurring behavioral health issues in collaboration with community partners. The programming will also utilize a robust case management element to promote reintegration and functionality within the community. The purchased equipment, including medical equipment, dorm furniture, kitchen and cafeteria supplies, IT and security systems, gym and recreational equipment, and classroom and office furnishings, will directly support and enhance the delivery of these services, ensuring a safe and effective treatment environment.

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

The facility will provide a continuum of care for justice-involved citizens with substance use disorder, including trauma-informed therapy, medication management, group counseling, individual therapy, case management, and educational programs. Additional services include life skills training, employment readiness, housing support, access to a computer learning center, gym, and recreational activities. These services will be offered as an alternative to incarceration, a method which has been proven to reduce recidivism rates and promote prosocial outcomes among justice-involved individuals following release when compared to traditional incarceration.

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

The target population consists of justice-involved individuals referred as part of a court-ordered alternative to incarceration or as a step-down from traditional incarceration. The facility is expected to serve approximately 340 individuals annually for decades to come, providing critical services to those with substance use and co-occurring mental health disorders.

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

The project is expected to serve approximately 340 justice-involved individuals annually, based on three-month stays in the 85-bed facility. Through holistic treatment and robust case management, the program aims to reduce recidivism by addressing the underlying causes of addiction, including co-occurring mental health disorders. Upon completion of the program, individuals will leave with employment opportunities and housing options that support reintegration and functionality within the community. Outcomes will be measured through metrics such as treatment completion rates, reductions in recidivism, and improvements in employment and housing stability post-treatment. Data will be tracked and reported in collaboration with Hillsborough County.

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?

| R | eturn of funds. |
|----------|--|
| 14. Is 1 | 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 infastructure) |
| | |



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| 15. Has the entity applied for or received federal assistance for this project? Yes, Applied Yes, Received No | |
|--|--------|
| ☐ Yes, Received | |
| | |
| □ No | |
| | |
| □ No, but intends to apply | |
| a. If yes, provide the FEMA project worksheet ID#: | |
| yee, promet in a project memorial in | |
| b. Provide the total project cost listed on the FEMA project worksheet: | |
| | |
| 6. 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, Depa Commerce): | rtment |
| | |
| | |
| 7. Requester Contact Information | |
| a. First Name Maria Last Name Alvarez | |
| b. Organization Phoenix Programs of Florida, Inc. | |
| c. E-mail Address malvarez@phoenixfl.org | |
| d. Phone Number (813)463-2395 Ext. | |
| 8. Recipient Contact Information | |
| a. Organization Phoenix Programs of Florida, Inc. | |
| b. Municipality and County Hillsborough | |
| c. Organization Type | |
| □For Profit Entity | |
| ☑Non Profit 501(c)(3) | |



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| □Non Profit 501(c | □Non Profit 501(c)(4) | | | | |
|----------------------------------|--------------------------------|-----------|---------|--|--|
| □Local Entity | □Local Entity | | | | |
| □University or Co | □University or College | | | | |
| □Other (please specify) | | | | | |
| d. First Name | Maria | Last Name | Alvarez | | |
| e. E-mail Address | malvarez@phoenixfl.org | | | | |
| f. Phone Number | (813)463-2395 | Ext. | | | |
| 19. Lobbyist Contact Information | | | | | |
| a. Name | Amy C. Bisceglia | | | | |
| b. Firm Name | Shumaker Advisors Florida, LLC | | | | |
| c. E-mail Address | amybisceglia@icloud.com | | | | |
| d. Phone Number | (813)361-4805 | | | | |

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