



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2114

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The funding will be used to renovate a facility that offers DCF Level 2 residential treatment for individuals from Hillsborough, Pasco, and Pinellas Counties. Services provided at the facility include room and board, primary and psychiatric care, medication-assisted treatment, clinical therapy, lab work, urine drug screenings, and care coordination. The 7,514-square-foot Tampa property was acquired by ACTS in 1968 and has since been providing residential treatment for individuals with substance use disorders and mental health conditions. The renovation funds will cover the replacement of the roof, ceiling, HVAC, electrical systems, plumbing, lighting, sprinklers, and security surveillance. Additionally, the funds will be used to remodel both the interior and exterior, including upgrades to the parking area and outdoor spaces.

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	0
Fixed Capital Outlay	900,000
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	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	900,000	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		2,000,000	384A	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)?

Yes

c. What is the estimated start date of construction?

10/01/2025

d. What is the estimated completion date of construction?

09/30/2026

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

The organization utilizes a combination of state and local funding, private insurance plans, and self-pay options to finance the services provided to individuals in care, as well as staffing and general maintenance.

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.

Agency for Community Treatment Services, Inc. owns this property. The owner is requesting the funding.

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		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	The project involves planning and design, obtaining permits, and replacing the roof, HVAC, electrical systems, plumbing, and ceiling. It also includes upgrades to both the interior and exterior finishes, as well as the parking area. Additionally, an A&E team, general contractor, site manager, and construction crew will be procured to provide labor, materials, tools, and equipment needed to complete the remodel.	900,000
Total State Funds Requested (must equal total from question #6)		900,000

13. Program Performance

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



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

The funds will be used to replace the HVAC, electrical, plumbing, lighting, sprinklers, and security surveillance systems, as well as remodel the interior to create a contemporary, therapeutic residential home for adults with substance use disorders and mental illnesses. General improvements will include upgrades to flooring, ceiling, interior and exterior finishes, and the parking lot. The program will serve adults (both male and female) from the Tampa Bay Area. Renovations will be made to the bedrooms, kitchen, living and recreation areas, group rooms, clinical offices, and doctor exam room.

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

The ACTS Adult Residential Treatment Program in Tampa is licensed by Department Children and Families. ACTS utilizes a braided funding model, leveraging state, local government, third party insurance and to fund care for adults with substance use disorders and mental health conditions. The program provides primary and psychiatric care, care coordination, medication assisted treatment, clinical therapy, recovery support services, labs, and urine drug screening for individuals residing in Hillsborough County as well as neighboring Counties such Pasco and Pinellas. Referrals are received from ACTS Programs, community providers, emergency departments, receiving facilities, self-referral, physician's certificate, jail, crisis center, and the 988 Call Center.

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

The program will serve adults (both males and females) with substance use disorders and mental health conditions. Services will also be provided to families. The program is designed to serve 300 individuals annually.

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

Access to care will improve, along with retention in care and medication compliance, as tracked through visit data in the internal health information system. The utilization of costly emergency medical services and crisis stabilization will decrease, based on data from partner organizations. Gainful employment will increase for program participants, measured through baseline and routine assessments, with 15 immediate job opportunities created for local citizens. Individuals' overall functioning will improve, leading to greater economic self-sufficiency, as assessed through baseline and routine screenings. Re-arrest rates will decline, as reflected in jail records. Mental functioning will improve, and substance use will decrease, as measured by urine drug screenings.

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?

Funds that are not expended will be returned.

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)
- Local Entity



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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.