

**LFIR # 2282** 

1. Project Title	Centerstone of F	lorida - Inpatient E	Behavioral Health Facil	lity		
2. Senate Sponsor	Jim Boyd					
3. Date of Request	3/4/2025					
4. Project/Program D	escription					
comprehensive beh residential, and outp Stabilization Unit, a repairs due to age a provide a safer, more	avioral health provid patient services. Our nd 30-bed Level II R and 24-hour usage. ( re efficient care envi	er, Centerstone s existing 101-bed esidential Substar Centerstone plans ronment and allow	ction facility in Manate erves over 17,000 indi facility is home to a 41 nce Use Unit - built in t to construct a new be v for future service exp architectural and engin	viduals annually thr -bed inpatient hosp he early 1980s, it n havioral health trea ansion. This initial t	ough our inpatient, bital, 30-bed Crisis ow requires major tment facility that will funding request will	
5. State Agency to re	ceive requested fu	nds Departm	nent of Children and F	amilies		
State Agency conta	acted? Yes					
6. Amount of the Non	recurring Request	for Fiscal Year 2	025-2026			
Type of Funding			Amo	unt		
Operating				0		
Fixed Capital Outlay				1,000,000		
Total State Funds Requested				1,000,000		
7. Total Project Cost	for Fiscal Year 2025	5-2026 (including	ı matching funds ava	ilable for this proj	ect)	
Type of Funding			Amount	Percentage		
	Requested (from que	stion #6)	1,000,000	100%		
Matching Funds			- 1			
Federal		()	0	0%		
,	e amount of this requ	est)	0	0%		
Local Other			0	0% 0%	1	
	, E. I.V. 00	05 0000				
8. Has this project pr	s for Fiscal Year 20 reviously received s most recent instan	state funding?	1,000,000	100%	I	
Fiscal Year	Amo		Specific Appropriation #	Vetoed		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #			
9. Is future-year fund a. If yes, indicate r	ling likely to be requornecurring amou		Yes 2,000,000			
b. Describe the source of funding that can be used in lieu of state funding.						
Local or private do			c. c.a.c rananigi			



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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	ı			
b. Is the project "shovel ready" (i.e permitted)?	No			
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?			
State, local, and private dollars.				
11. List the owners of the facility to receive, directly or indirect relationship between the owners of the facility and the enti-				
Centerstone of Florida.				

### 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/Majo	r Renovation:		
Construction/Renovation/Land/ Planning Engineering	Design and planning phase of a new inpatient facility. Includes preconstruction fees, architectural design, and project development. The design team will start a 9-month process, including initial renderings, programming, and the completion of Design Development drawings. The drawings will be submitted for AHCA Stage 2 Review.	1,000,000	
Total State Funds Requested (m	ust equal total from question #6)	1,000,000	

### 13. Program Performance

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



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The funds will be used for the design phase for construction of a new inpatient facility designed to significantly enhance behavioral health and substance use treatment services. This new facility will address the increasing demand for comprehensive care for patients in Manatee County and surrounding areas, providing a safe and supportive environment for individuals in need of specialized inpatient care. The goal of this investment is to foster long-term recovery and improve patient outcomes.

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

Once the hospital is built, there was be an expanded the capacity for treatment, the facility will offer critical services that are currently limited, improving access to care for those who struggle with mental health and substance use challenges

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

Once the hospital is built, it will expand the capacity for treatment. The facility will offer critical services that are currently limited, improving access to care for those who struggle with mental health and substance use challenges.

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

The target population is for those who struggle with mental health and substance use challenges.

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

The goal of this investment is to foster long-term recovery, improve patient outcomes, and reduce the strain on emergency services, ultimately contributing to the overall well-being and health of the community. This will be measured through the number of patients served, and the number of beds that are utilized.

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?

	or raining to most democratics or performance measures provided for in the community
	We will return the funding.
14. Is	s 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)
b.	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
15. H	las the entity applied for or received federal assistance for this project?
	Yes, Applied
	Yes, Received
	l No
	No, but intends to apply

b. Provide the total project cost listed on the FEMA project worksheet:

a. If yes, provide the FEMA project worksheet ID#:



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6. Has the entity app	olied for or received state	assistance f	or this projec	t (other than	this request
☐ Yes, Applied					
☐ Yes, Received					
□ No					
☐ No, but intends t	o apply				
a. If yes, specify the Commerce):	e program and state ager	าcy (ex. Loca	ıl Governmen	t Emergency	<sup>,</sup> Bridge Loan
7. Requester Contac	t Information				
a. First Name	Roger	Last Name	Johnson		
b. Organization	Centerstone of Florida, In	C.			
c. E-mail Address	Roger.Johnson@Centers	tone.org			
d. Phone Number	(941)782-4258	Ext.			
3. Recipient Contact					
a. Organization	Centerstone of Florida, In	C.		ı	
b. Municipality and	d County Manatee				
c. Organization Ty	pe				
□For Profit Entity					
☑Non Profit 501(d	c)(3)				
□Non Profit 501(d	c)(4)				
□Local Entity					
□University or Co	ollege				
□Other (please sp	· ·				
Dottler (please sp	Jecny)				
d. First Name	Roger	Last Name	Johnson		
e. E-mail Address	Roger.Johnson@Centers	tone.org			
f. Phone Number	(941)782-4258	Ext.			
9. Lobbyist Contact I	nformation				
a. Name	Amanda Stewart				
b. Firm Name	Johnston & Stewart Gove	ernment Strat	egies, LLC		



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c. E-mail Address	amanda@johnstonstewart.com	
d. Phone Number	(813)345-4104	

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