



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3085

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Charlotte Behavioral Healthcare (BBHC) needs a full building generator for our Substance Abuse Treatment Building. We experienced the direct impact of two hurricanes in 2024, which significantly affected Punta Gorda, and the flooding from these storms came within a block of CBHC. This funding allows CBHC to continue critical services immediately following disasters.

5. **State Agency to receive requested funds**

State Agency contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	250,000
Total State Funds Requested	250,000

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)	250,000	92%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	21,000	8%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	271,000	100%

8. **Has this project previously received state funding?** No

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future-year funding likely to be requested?** No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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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? 12/01/2025

d. What is the estimated completion date of construction? 01/05/2026

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

CBHC will utilize existing resources to maintain the generator.

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.

None

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	General Contractor, Electrical Engineering, Civil Engineering, 195k to 220kw Generator, automatic transfer switch, 96 hour Diesel base tank.	250,000
Total State Funds Requested (must equal total from question #6)		250,000

13. Program Performance

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

CBHC is requesting support for a full-building generator for our Substance Abuse Treatment Building, which was partially funded last session. We experienced the direct impact of two hurricanes in 2024, which significantly affected Punta Gorda, and the flooding from these storms came within a block of CBHC. This funding allows CBHC to continue critical services immediately following disasters.

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

The direct services include individual and group therapy sessions for individuals with substance use disorders and a kitchen that allows for inpatient meals.



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

Substance Use Disorder Groups/Drug Court program will provide coping skills, relapse prevention, and trauma-focused therapies.

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

Elderly persons, persons with poor mental health, jobless persons, homeless, drug users (in health services), university/college students, currently or formerly incarcerated persons & drug offenders

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

Reduce recidivism: Effective treatment and engagement in Drop In and Substance treatment programs will help to reduce recidivism into more costly deep end services, such as incarceration, inpatient hospitalization, and ER services. Inpatient recidivism rates & Jail Census Monitoring of Active Patients.
 Reduce substance use: Co-occurring treatment using evidenced-based practices will improve treatment participation and reduce substance use. Continue reduced fatal and non-fatal overdoses through utilization of CRF post Overdose. Current baseline for fatal Overdose reduction is 53%. Divert from criminal Juv. Justice:
 For Drug Court participants, reduce recidivism and prevent utilization of deep end services such as incarceration or Detox. Jail & Inpatient census tracking.

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?

If there is an area in which CBHC is deficient, it is suggested that a corrective action plan (CAP) be implemented and monitored to ensure that the deficiency(ies) is/are corrected per the CAP. If CBHC fails to meet the contract deliverables or the performance measures, the State has the option to cancel the contract for these services.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No Yes

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):

Hurricane Milton

15. Has the entity applied for or received federal assistance for this project?

- 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:



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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)

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



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d. Phone Number

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