



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3397

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Funds will support capital improvements to three (3) Guidance Care Center (GCC) facilities in Monroe County. The improvements involve updating flooring, replacing outdated and worn furniture, and building a professional-grade kitchen for food preparation and client culinary training. GCC aids thousands of Floridians yearly with quality behavioral health services. Proposed enhancements will enhance environment for those served, improve accessibility, and extend the facilities' lifespan. GCC holds a significant position in a high-demand region of South Florida, delivering essential, trauma-focused, and evidence-based behavioral health care to individuals lacking resources and struggling with substance abuse or mental health disorders.

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	600,000
Total State Funds Requested	600,000

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)	600,000	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	600,000	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		

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)?

No

c. What is the estimated start date of construction?

08/01/2025

d. What is the estimated completion date of construction?

07/31/2026

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

Ongoing operations and maintenance are funded through our operational budget. Our revenue is mostly fee for service from diverse funders including federal, state, county and local contracts.

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.

The applicant agency, Guidance/Care Center, Inc., owns the facilities.

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	Capital improvements for the 3 Guidance Care Center sites including its Personal Growth Center to encompass updating worn-out flooring, outdated and worn furniture, and constructing a professional-grade kitchen.	600,000
Total State Funds Requested (must equal total from question #6)		600,000

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 Guidance Care Center (GCC) plays a crucial role in an underserved and high-need area of South Florida. It offers vital trauma-informed and evidence-based behavioral health services to under-resourced adults with substance use and/or mental health disorders.

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

GCC is the centralized receiving facility for all behavioral health services in Monroe County including: crisis support, outreach, prevention, mobile crisis response, psychiatric, intervention, individual, group & family therapy, psychosocial rehabilitation, medication assisted treatment, transportation, detox, mental health housing, and recovery support including employment & education services.

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

It is estimated that more than 800 individuals will benefit from the renovations. This diverse group encompasses people from all genders, adult age groups, racial and cultural backgrounds, socio-economic standings, and various educational and employment histories. Specifically, our program aims to assist individuals with co-occurring behavioral health disorders (COD), which means they have two or more concurrent conditions. Among these are individuals struggling with mental health challenges, those without employment, economically disadvantaged individuals, elderly persons, at-risk youth, victims of crime, drug users seeking health services, individuals who are currently or have been incarcerated in the past, and those involved as drug offenders within the criminal justice system.

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

The program aims to bring about multiple positive outcomes for its participants. We anticipate that participants will show marked improvements in psychiatric symptoms and overall mental functioning. Furthermore, our goal is to bolster the economic self-sufficiency of participants; ensuring an increase in employment rates among those with co-occurring behavioral health disorders (COD) during their time in the program. Another significant objective is to reduce recidivism by diverting individuals from the criminal justice system. Also, we aim to see decreased recidivism rates among participants during the program and after their discharge. Additionally, we aspire for our participants to remain drug-free and not relapse during their treatment. To gauge the effectiveness of these interventions, we will rely on program data, documenting individual participant progress as recorded by our dedicated staff.

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?

Mandatory corrective action and performance improvement activities. Without improvement, return of funds.

14. Is 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 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.