



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3424

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

This program improves access to comprehensive mental health care for individuals with Opioid Use Disorder (OUD) in Medication-Assisted Treatment. It offers on-site behavioral therapy, peer support and psychiatric care & medication ensuring holistic treatment that improves outcomes and supports long-term recovery.

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	560,540
Fixed Capital Outlay	0
Total State Funds Requested	560,540

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)	560,540	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	560,540	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.**

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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Fiscal Year 2025-2026

LFIR # 3424

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)?

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?

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.

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	Administrative costs calculated based on direct expenses of \$418,672.80 x 10%. Administrative costs include salaries, fringe benefits and non-salary costs for executive staff, finance, purchasing, contract management and compliance, consumer relations, human resources, facilities management, safety, quality assurance, risk management and information technology.	41,867
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Licensed Therapist (LMHC/ LCSW) 1.0, \$69,300, Psychiatric Mental Health Nurse Practitioner (PMHNP) 1.0, \$157,248.00, Medical Unit Secretary 1.0, \$48,484.80, Care Coordinator Supervisor 1.0, \$60,480.00, Certified Recovery Peer Specialist (CRPS) 1.0, \$50,400.00, Consultant Pharmacist 0.2, \$32,760.00	418,673
Expense/Equipment/Travel/Supplies/Other	Psychiatric Medication	100,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		560,540

13. Program Performance

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



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This program improves access to comprehensive mental health care for individuals with Opioid Use Disorder (OUD) in Medication-Assisted Treatment. It offers on-site behavioral therapy, peer support, and psychiatric care & medication ensuring holistic treatment that improves outcomes and supports long-term recovery.

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

Comprehensive Assessments, Medication Management, Therapy Services, Care Coordination and Support Services, Aftercare and Long-Term Recovery Support

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

Our core services include comprehensive assessments to evaluate mental health, substance use and medical history; medication management using FDA-approved treatments: and group and family therapy to address behavioral patterns and enhance support systems. We also provide care coordination and peer support, connecting vital resources and aftercare planning to support continued recovery.

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

Persons with poor mental health, Drug Users (In Health Services) Drug Offenders (In Criminal Justice), Adults struggling with Opioid Use Disorder and a co-occurring mental health condition. Expected to be Served 201-400

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

Improve mental health/ Reduce substance abuse- Measure: Increased engagement in mental health treatment in tandem with MAT services among dually diagnosed patients. Method: Evaluating the percentage of dually diagnosed patients enrolled in MAT services who successfully obtained or maintained mental health and (SUD) treatment. Protect the general public from harm (environmental, criminal, etc.) Measure: Reduction in substance use disorder (SUD) related criminal activity among dually diagnosed patients enrolled in MAT services. Method: Comparing number of pre-treatment SUD related arrests to number of arrests mid-treatment among dually diagnosed patients who received both MAT and mental health treatment services during the course of treatment, evaluated at discharge. Enhance specific individual's economic self-sufficiency. Measure: Improved employment rates among dually diagnosed patients in the workforce who are engaged in both MAT and mental health treatment services.

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?

In consideration of this being a service oriented program enhancement that is currently licensed and monitored by the Florida Department of Children and Families (DCF) and the Commission on Accreditation of Rehabilitation Facilities (CARF), and given the nature of how funding is billed, no further penalties are necessary.

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?

- Yes, Applied
- Yes, Received



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3424

- 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
- University or College
- Other (please specify)



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Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3424

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.