



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1733

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The larger project consists of a 4-story, 110,000 sq. ft. building with 26 ER bays (inclusive of fast track vertical patients, isolation rooms, person of size room, resuscitation room and flexible/hardened treatment room with designated restroom). One of the goals of the project is to provide an under-served community with access to our broad network of much needed mental health services. The Medical Center's expert clinical team consists of board-certified psychiatrists, psychologists, physician extenders, and a team of licensed counselors, therapists, and social workers. The interdisciplinary team is dedicated to providing a full range of clinical services for inpatient and outpatient settings, depending on individual needs.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	3,000,000
Total State Funds Requested	3,000,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	3,000,000	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 2024-2025	3,000,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future 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.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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If yes, indicate the amount of funds received and what the funds were used for.

Approximately \$13 million reimbursed from FEMA PA, \$48 million from the CARES Act and American Rescue Plan (ARP). These funds were used to support the response to the COVID Pandemic, including workforce, supplies, equipment, Information Systems, facilities and other expenses that were incurred in the prevention, preparation, response and recovery to COVID.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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?

2024

d. What is the estimated completion date of construction?

2025

12. 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.

Mount Sinai Medical Center of Florida, Inc. - owners of facility and entity.

13. 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: Other		
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	Construction: \$3M	3,000,000
Total State Funds Requested (must equal total from question #6)		3,000,000

14. Program Performance

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

The purpose of the project is to provide an under-served community with access to our broad network of much needed mental health services. The Medical Center's expert clinical team consists of board-certified psychiatrists, psychologists, physician extenders, and a team of licensed counselors, therapists, and social workers. The interdisciplinary team is dedicated to providing a full range of clinical services for inpatient and outpatient settings, depending on individual needs.



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

Mount Sinai Medical Center is 1 of only 12 hospital in Miami Dade County that is a Baker Act receiving facility. As part of Mount Sinai's ongoing commitment, we are proud to be one of the largest and most comprehensive behavioral health programs in South Florida. This project will expand access to our services to the under-served community.

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

Access to our broad network of services, including; inpatient psychiatric services to adult and geriatric patients, outpatient psychiatry services, Autism Clinic, Adolescent Psychiatric Services Clinic, Electroconvulsive therapy, Partial Hospitalization Program (PHP), Intensive Outpatient Program (IOP) provided in-person and virtually, Traditional individual, family, and group psychotherapy services, and Long Acting Injectable Clinic.

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

Elderly, persons with poor mental health, jobless, economically disadvantaged persons, homeless, victims of crime, and any individuals in need of emergent and continued behavioral health services.

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

Benefit: Expand access to behavioral health services in an under-served area for such services.
Method: Increase in inpatient and outpatient behavioral health services. Continuity of care for mental health services within one system.

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 the contract?

Collateral

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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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d. First Name Last Name

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number