



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2244

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

To provide a facility for youth and adults needing acute mental health and substance abuse treatment within a seven-county region in North/North Central Florida. Facility services will include a psychiatric hospital; crisis stabilization, including Baker Act intervention; an Addictions Receiving Facility; short-term residential treatment; and integrated primary care services for patients. There is no psychiatric hospital and no facility of this type for patients within this multi-county area.

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

**State Agency contacted?**  Yes  No

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

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	2,000,000
<b>Total State Funds Requested</b>	<b>2,000,000</b>

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)	2,000,000	20%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	500,000	5%
Other	7,500,000	75%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>10,000,000</b>	<b>100%</b>

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

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  Yes

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?** 9/1/25

**d. What is the estimated completion date of construction?** 6/30/26

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

Insurance, Medicaid, local funding, private funds, and grants 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.**

Meridian Healthcare will be the sole owner of the facility and thus, the funding recipient.

**12. Details on how the requested state funds will be expended**

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Costs to convert an existing, currently unused structure into a psychiatric hospital that does not exist in the area and consolidated facility for those needing acute care. Costs include general contractor, architectural / engineering, interior and exterior renovations and modifications, including roof, electrical, plumbing, and technology.	2,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,000,000</b>

**13. Program Performance**

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

To provide a facility for youth and adults needing acute mental health and substance abuse treatment within a seven-county region in North/North Central Florida. Facility services will include a psychiatric hospital; crisis stabilization, including Baker Act intervention; an Addictions Receiving Facility; short-term residential treatment; and integrated primary care services for patients. There is no psychiatric hospital and no facility of this type for patients within this multi-county area.



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

Provides a facility enabling those needing psychiatric hospitalization to receive treatment nearer to their residence without having to travel long distances outside the region; provides an Addictions Receiving Facility, also not existing in the region, for acute stabilization and treatment; and consolidates and expands crisis/Baker Act, short-term residential, primary care, and related services.

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

The project's aim is to decrease the use of local hospital emergency rooms and repeat use of high cost, emergency services by improving access to inpatient and/or residential treatment, crisis stabilization, medication management, and primary care. Follow up services and care coordination for warm hand off to outpatient treatment programs will ensure better, long-term patient outcomes.

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

The target population served by this project includes individuals experiencing mental health and substance use crises, adults and children with mental health and substance use challenges. Greater than 800 individuals are expected to be served.

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

This project is expected to increase mental health functioning of those receiving inpatient and residential services at the facility, measured by functional assessment tools completed at admission and discharge; increase access to mental health and substance use treatment, measured by number of patients receiving services; reduce use of hospital emergency rooms for mental health and substance use and reduce repeated use of crisis services, measured by number of returns to inpatient service at Meridian as well as hospital emergency rooms.

**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?**

Return of funds to the state agency administering the funding.

**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
- No
- No, but intends to apply

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



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**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)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**  **Ext.**

**19. Lobbyist Contact Information**



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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.*