



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2330

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Adolescent intensive outpatient behavioral health services (IOP) offers numerous benefits especially in inner-city and rural areas. Youth in these areas often face unique challenges, such as higher rates of gun violence, poverty, and trauma, which significantly impact their mental health. The purpose of the funding is to expand Neighborhood Medical Center's existing services by offering three IOP programs in targeted service areas in Leon and Gadsden Counties to improve access to care and social and health outcomes.

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	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>500,000</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)	500,000	66%
<b>Matching Funds</b>		
Federal	200,000	27%
State (excluding the amount of this request)	0	0%
Local	50,000	7%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>750,000</b>	<b>100%</b>

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)?

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
<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	Funding will be used for the allocated portion of salary and benefits for the Adolescent IOP Behavioral Health Staff: Psychiatrist, Psychiatric APRN, Intake Specialist (1), MSW/Counselor (3), Outreach Specialist (1)	320,000
Expense/Equipment/Travel/Supplies/Other	Funds will be used to lease space and cover other expenses related to three targeted IOP programs.	180,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

**13. Program Performance**

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



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Youth in the targeted service areas often face unique challenges, such as higher rates of gun violence, poverty, and trauma, which significantly impact their mental health. The purpose of the funding is to expand NMCs existing services by offering three adolescent intensive outpatient behavioral health programs (IOP) for youth age 12-18 in Leon and Gadsden Counties.

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

IOP provides comprehensive, integrated teen outpatient care (M-Th) helping adolescents to thrive while they maintain their current school schedule. The program is for youth ages 12–18 who are experiencing moderate to severe mental health symptoms, such as anxiety, depression, PTSD, mood swings, substance abuse issues, or behavioral challenges, and need a higher level of care.

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

The direct services will be provided to citizens participating in IOP and their families. IOP provides comprehensive, integrated teen outpatient care (M-Th) helping adolescents to thrive while they maintain their current school schedule. The program is for youth ages 12–18 who are experiencing moderate to severe mental health symptoms, such as anxiety, depression, PTSD, mood swings, substance abuse issues, or behavioral challenges, and need a higher level of care.

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

The program is for youth ages 12–18 in Leon and Gadsden Counties who are experiencing moderate to severe mental health symptoms, such as anxiety, depression, PTSD, mood swings, substance abuse issues, or behavioral challenges, and need a higher level of care. NMC expects to serve over 400 youth through this program.

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

The expected benefits and outcomes of this project include improved physical health, mental health, and education. Additional outcomes are increased protection of the general public from harm, improved transportation conditions and access to care, enhanced economic self sufficiency, reduction in substance abuse, and diversion from the juvenile justice/criminal system. The outcomes will be measured by using data collected by the Florida Department of Health and the Florida Department of Juvenile Justice.

**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?**

Failure to meet performance measures or contract deliverables will result in corrective action plans and/or other financial penalties.

**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



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- 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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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.*