



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2536

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

In 2025 Broward County will see a devastating 22% decrease in pediatric Baker Act beds. New Solutions reduces the number of youth needing care in an inpatient hospital setting when in crisis from mental health and/or co-occurring substance use disorders by providing an Emergency Department (ED) based initial screening and assessment and same-day admission to treatment. The program reduces ED visits and hospital admissions while addressing challenges of mental health and substance use disorders.

5. State Agency to receive requested funds

State Agency contacted? No

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

Type of Funding	Amount
Operating	1,000,000
Fixed Capital Outlay	0
Total State Funds Requested	1,000,000

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)	1,000,000	90%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	108,752	10%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	1,108,752	100%

8. Has this project previously received state funding? Yes

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	500,000	377	No

9. Is future-year funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

At this time there is no other source in lieu of state funding that can be used.

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)?

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		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	NEW SOLUTIONS ED-Based Staff: Licensed Behavioral Health Clinician \$108,604 Licensed Behavioral Health Clinician \$73,997 Licensed Behavioral Health (CATS) \$77,441 Outreach Staff: Manager \$63,320 2 Team Leader x \$99,138 4 Therapist x \$75,473 2 Mobile Case Managers x \$69,077 Salary = \$781,856 Benefits @ 23%: \$178,827	961,683
Expense/Equipment/Travel/Supplies/Other	Leased Office Space (9 staff @ \$2,000/year) = \$18,000 Cell Phones (staff @ \$40/month X 12 months) = \$4,320 Mileage for Outreach Staff (9 staff @ \$.67/mile X 150 mi/mo. X 12 mo.) = \$10,854.00 Office Supplies (\$150/month X 12 months) = \$1,800 Mental Health Intervention Workbook (330 books @ \$10 each plus Shipping @ \$43.12) = \$3,343	38,317
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)		1,000,000



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13. Program Performance

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

In 2025 Broward will see a devastating 22% decrease in pediatric Baker Act beds. New Solutions reduces the number of youth needing care in an inpatient hospital setting when in crisis from mental health and/or co-occurring substance use disorders by providing an Emergency Department (ED) based initial screening and assessment and same-day admission to treatment. The program reduces ED visits and hospital admissions while addressing challenges of mental health and substance use disorders.

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

- Screen youth in the pediatric ED with behavioral health (BH) assessments.
- Improve BH functioning of youth identified with lower risk stratified BH conditions through participating in New Solutions.
- Provide short-term, recovery-oriented services with a multidisciplinary team proficient in working with youth facing BH challenges.
- Strengthen family functioning through education and links with community partners providing health related social needs.

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

New Solutions will provide community-based direct care services to close service gaps, reduce preventable ED visits, manage crises, and avoid placing youth in locked psychiatric units. The goal is to provide families greater access to appropriate interventions for youth with lower risk-stratified behavioral health conditions, strengthen family functioning, and improve overall wellbeing.

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

New Solutions will serve: 1) 1,400 at-risk youth and their families at its ED; 2) 120 at-risk youth and their families through the community-based New Solutions intensive model; and 3) 1,000 at-risk youth and their families through a behavioral health community outreach and education campaign in conjunction with community agencies.

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

1. Improve mental health:
 - (A) # of youth who complete initial assessment and Mental Health Status Examination
 - (B) # participants referred to New Solutions and date
 - (C) # enrolled and date
 - (D) # discharged and date
 - (E) Increase in school attendance
 - (F) Increase in family functioning
 Measuring:
 - (A) Electronic Health Record (EHR) and Pediatric ED Behavioral Health Assessment (including PQ-16 and Columbia Suicide Severity Rating Scale).
 - (B, C, D) - EHR and JDCH Documentation
 - (E) School records pre- and post-program admission
 - (F) North Carolina Family Assessment Scale for Intensive Family Preservation Service and New Solutions Parent Assessment.
2. Reduce substance abuse:
 - (A) # of agencies who participate in outreach
 - (B) # of youth who participate in outreach/education
 - (C) # of caregivers who participate in outreach/education
 - (D) # of youth screened for substance use disorders
 - (E) # youth decreasing substance use/abuse
 - (F) # of youth who remain drug-free after 3 months

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?

Memorial Healthcare System is willing to discuss additional penalties with the contracting agency as part of the contract negotiation process.



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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#:

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



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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) Special District Government

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.