



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2804

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The larger project involves the construction of a 4-story, 110,000 sq. ft. building featuring 26 ER bays, including fast-track vertical patient areas, isolation rooms, a person-of-size room, a resuscitation room, and a flexible/hardened treatment room with a designated restroom. A key goal is to provide an underserved community with access to a comprehensive network of essential mental health services. The Medical Center's expert clinical team includes board-certified psychiatrists, psychologists, physician extenders, and licensed counselors, therapists, and social workers. This interdisciplinary team will deliver a full range of inpatient and outpatient services, tailored to meet the unique needs of each patient.

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	0
Fixed Capital Outlay	3,000,000
<b>Total State Funds Requested</b>	<b>3,000,000</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)	3,000,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>3,000,000</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		
2024-25	0	1,500,000		No

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)?

Yes

c. What is the estimated start date of construction?

02/05/2025

d. What is the estimated completion date of construction?

01/31/2026

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

The ongoing operations and maintenance of the project will likely be funded through a combination of Medicaid, private insurance, and self-pay options for patients. Additionally, funding may come from grants, philanthropic donations, and institutional revenue generated by the Medical Center's behavioral health services.

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.

Mount Sinai Medical Center of Florida, Inc. - owners of facility and 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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Construction: \$3M	3,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>3,000,000</b>

### 13. Program Performance

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

The goal of this project is to provide an underserved community with access to essential mental health services through our network of expert clinicians, including board-certified psychiatrists, psychologists, physician extenders, and licensed counselors. The interdisciplinary team will deliver comprehensive inpatient and outpatient care tailored to 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, one of only 12 Baker Act receiving facilities in Miami-Dade County, is dedicated to providing comprehensive behavioral health care. This project will expand access to our extensive services, including inpatient and outpatient psychiatric care, emergency intervention, and ongoing mental health support, to meet the needs of the underserved community.

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

The project will provide access to a wide range of mental health services, including inpatient psychiatric care for adults and geriatrics, outpatient psychiatry, Autism Clinic, Adolescent Psychiatric Services, Electro-convulsive Therapy, Partial Hospitalization Program (PHP), Intensive Outpatient Program (IOP) both in-person and virtually, traditional individual, family, and group psychotherapy, and Long-Acting Injectable Clinic services.

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

The target population for this project includes elderly individuals, people with poor mental health, unemployed and economically disadvantaged individuals, the homeless, victims of crime, and anyone in need of emergency or ongoing behavioral health services. We expect to serve a diverse group of individuals facing these challenges, providing them with the care and support they need.

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

Benefit: The expected benefit is to expand access to essential behavioral health services in an underserved area, ensuring more individuals can receive the care they need.  
 Method: The outcome will be measured by tracking the increase in inpatient and outpatient behavioral health services provided. Additionally, continuity of care will be assessed by monitoring patient retention rates and the consistency of mental health services across the system, ensuring seamless care for patients.

**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?**

Suggested penalties for failing to meet deliverables may include a reduction in funding, withheld payments or a requirement to submit a corrective action plan.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**  No

**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



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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)

d. First Name  Last Name

e. E-mail Address



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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.*