

# The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

**LFIR # 2828** 

1. Project Title	Gulf County Out	patient Mental I	Health S	Services		
2. Senate Sponsor	Corey Simon					
3. Date of Request	3/4/2025					
4. Project/Program I	Description					
mental health and decreased for the	Michael significantly co-occurring substan residents of Gulf Couatment services for positions.	nce use evaluati inty. This projec	ion and t will pro	treatment services	s for children and a e-establish and incr	dults were substantially ease outpatient
5. State Agency to r	eceive requested fu	ı <b>nds</b> Depa	artment	of Children and F	amilies	
State Agency con  6. Amount of the No		for Fiscal Yea	r 2025-2	2026		
Type of Funding				Amo	unt	
Operating					398,000	
Fixed Capital Outla	1				0	
Total State Funds	Requested				398,000	
7. Total Project Cost	for Fiscal Year 202	5-2026 (includ	ing mat	ching funds ava	ilable for this proj	ect)
						1
Type of Funding				Amount	Percentage	
Total State Funds	Requested (from que	estion #6)		Amount 398,000	Percentage 100%	
Total State Funds  Matching Funds	Requested (from que	estion #6)		398,000	100%	
Total State Funds  Matching Funds  Federal				398,000	100%	
Total State Funds  Matching Funds  Federal  State (excluding the	Requested (from que			398,000	100% 0% 0%	
Total State Funds  Matching Funds  Federal  State (excluding the Local				398,000 0 0	100% 0% 0% 0%	
Total State Funds  Matching Funds  Federal  State (excluding the Local  Other	e amount of this requ	uest)		398,000 0 0 0	100% 0% 0% 0% 0%	
Total State Funds  Matching Funds  Federal  State (excluding the Local Other  Total Project Cos  8. Has this project pulse, provide the	ts for Fiscal Year 20 reviously received a most recent instar	uest) 025-2026 state funding?		398,000 0 0 0 398,000	100%  0% 0% 0% 0% 100%	
Total State Funds  Matching Funds  Federal  State (excluding the Local  Other  Total Project Cos  8. Has this project pull yes, provide the Fiscal Year	ts for Fiscal Year 20 reviously received a most recent instar	uest) 025-2026 state funding? nce:	Ye	398,000 0 0 0 398,000	100% 0% 0% 0% 0%	
Total State Funds  Matching Funds  Federal  State (excluding the Local Other  Total Project Cos  8. Has this project pulses, provide the Fiscal Year (yyyy-yy)	ts for Fiscal Year 20 reviously received a most recent instar	uest)  025-2026  state funding? nce: ount Nonrecurrir	Ye	398,000 0 0 398,000 es Specific ppropriation #	100%  0% 0% 0% 0% 100%	
Total State Funds  Matching Funds  Federal  State (excluding the Local  Other  Total Project Cos  8. Has this project pull yes, provide the Fiscal Year	ts for Fiscal Year 20 reviously received a most recent instar	uest)  025-2026  state funding? nce: ount Nonrecurrir	Ye	398,000 0 0 0 398,000	100%  0% 0% 0% 0% 100%	
Total State Funds  Matching Funds  Federal  State (excluding the Local Other  Total Project Cos  8. Has this project pulses, provide the Fiscal Year (yyyy-yy)	ts for Fiscal Year 20 reviously received a most recent instar	uest)  025-2026  state funding? nce:  ount  Nonrecurrir 398	Ye	398,000  0 0 0 398,000  398,000  Specific ppropriation #	100%  0% 0% 0% 0% 100%	
Total State Funds  Matching Funds  Federal  State (excluding the Local Other  Total Project Cos  8. Has this project pure of the Local Year (yyyy-yy)  2024-25  9. Is future-year funds	ts for Fiscal Year 20 reviously received a most recent instar	uest)  025-2026  state funding? nce:  ount  Nonrecurrir 398	Ye Ye	398,000  0 0 0 398,000  398,000  Specific ppropriation #	100%  0% 0% 0% 0% 100%	
Total State Funds  Matching Funds  Federal  State (excluding the Local Other  Total Project Cos  8. Has this project pure of the state (yyyy-yy)  2024-25  9. Is future-year funda. If yes, indicate	ts for Fiscal Year 20 reviously received a most recent instar  Amore Recurring	uest)  025-2026  state funding? nce:  ount  Nonrecurrir 398  juested?	Ye 39	398,000  0 0 0 398,000  398,000  Specific ppropriation # 377 8 8,000	100%  0% 0% 0% 0% 100%	

### **Complete questions 10 and 11 for Fixed Capital Outlay Projects**



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a. What is the cu		he project?				
Planning	O Design	Construction	O N/A			
b. Is the project	"shovel ready"	(i.e permitted)?				
c. What is the es	stimated start da	ate of construction?				
d. What is the es	stimated comple	etion date of constru	tion?			
e. What funding	stream will be u	ised for ongoing ope	rations and	maintenance	e of the proje	ct?
		o receive, directly or ers of the facility and		any fixed cap	ital outlay fur	nding. Include the

#### 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	Includes two mental health counselors or therapists, one case manager and support personnel.	262,250
Expense/Equipment/Travel/Supplies/ Other	This area includes communication equipment, insurances, travel, recruitment, building and utilities expenses and supplies.	135,750
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	398,000

#### 13. Program Performance

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

Re-establish outpatient evaluation and treatment services for persons with mental health or co-occurring substance use disorders.

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

Provide outpatient evaluation and treatment services for persons with mental health or co-occurring substance use disorders.

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



☐ Yes, Received

□ No

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Outpatient mental health and substance abuse treatment services will be provided. d. Who is the target population served by this project? How many individuals are expected to be served? Persons with mental health or co-occurring substance use issues living in Gulf or Calhoun county. Telehealth services will also be provided as requested for persons in Bay, Holmes, Jackson and Washington Counties. A total of 101-200 children, adults, and families 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? Provide outpatient evaluation and treatment for persons with mental health and co-occurring substance use disorders. Maintain data on numbers of persons served. Compile data on days within the community on each person served. Maintain data on levels of functional impairment. 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? Reduce funding or cancel contract. 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 infastructure) 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



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☐ No, but intends to	o apply					
a. If yes, specify the Commerce):	e program and state ager	ncy (ex. Loca	al Governmen	t Emergenc	y Bridge Loa	ın, Departme
7. Requester Contact		1			1	
a. First Name	Edwin	Last Name			]	
b. Organization	Life Management Center	of Northwest	Florida, Inc.			
c. E-mail Address	nailes@Imccares.org					
d. Phone Number	(850)522-4485	Ext.	1300			
8. Recipient Contact	Information					
a. Organization	Life Management Center Inc.	of Northwest	Florida,			
b. Municipality and	d County Gulf					
c. Organization Ty	ре					
□For Profit Entity						
☑Non Profit 501(c	:)(3)					
□Non Profit 501(c	:)(4)					
□Local Entity						
□University or Co	llege					
□Other (please sp	pecify)					
d. First Name	Edwin	Last Name	Ailes			
e. E-mail Address	nailes@Imccares.org					
f. Phone Number	(850)522-4485	Ext.	1300			
9. Lobbyist Contact I	nformation					
a. Name	Joel T. Overton					
b. Firm Name	Larry J. Overton & Associates Inc					
c. E-mail Address	admin@loverton.net					
d Phone Number	(850)224-2859					

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.