



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2838

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To respond to the rising community need for emergency behavioral healthcare for patients presenting to the Emergency Department, Tallahassee Memorial Healthcare (TMH) plans to construct a specialized 10-bed psychiatric diversion unit immediately adjacent to the TMH Emergency Department where patients with emergency psychiatric and/or substance use conditions can receive urgent and specialized care and treatment.

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	995,000
<b>Total State Funds Requested</b>	<b>995,000</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)	995,000	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>995,000</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.

**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?** 09/01/2025

**d. What is the estimated completion date of construction?** 04/30/2026

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

Tallahassee Memorial Healthcare will utilize existing operating budget to perform clinical services in the 10-bed specialty unit.

**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.**

Mark O' Bryant- Chief Executive Officer-Tallahassee Memorial Healthcare

**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	Architecture, planning, engineering, plumbing, electrical, civil engineering, and all associated goods and services, etc. to build 10-bed unit in order to serve Leon and the surrounding counties.	995,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>995,000</b>

**13. Program Performance**

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

The 10-bed Emergency Department diversion unit provides psychiatric assessment, stabilization, and disposition to inpatient services and/or outpatient services for children and adults experiencing a mental health and/or substance use emergency. The unit will provide psychiatric, nursing, and social work services in a specialized care unit designed for optimal outcomes for individuals with persistent mental illness.

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



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Provide stabilization of mental health and/or substance use issues and conditions through the provision of psychiatric assessment, behavioral health nursing services, medication administration, and social work services designed to alleviate crisis and refer individuals to the most appropriate levels of continued care.

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

The 10-bed Emergency Department diversion unit serves all individuals from the Leon and surrounding counties who are experiencing a mental health and/or substance use emergency and will provide on-site evaluation, treatment, and stabilization as well as aftercare plans to ensure quality outcomes.

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

The 10-bed Emergency Department diversion unit will serve adults and children in need of mental health and/or substance use services in Leon and the surrounding counties. The 10-bed diversion unit will serve approximately 3,300 individuals in need of crisis mental health and/or substance use services and will be operable on a 24/7 basis.

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

The 10-bed diversion unit will provide immediate psychiatric treatment for individuals presenting to the Emergency Department in psychiatric crisis which will result in a reduction in recidivism. The 10-bed unit will be monitored through already existing measures and levels of recidivism will be measured prior to and following implementation of the unit.

**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?**

Behavioral health treatment has consistently been named as the top concern in Community Health Needs Assessments conducted by Tallahassee Memorial Healthcare in the past several years.

**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:**



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**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**

**a. Name**

**b. Firm Name**

**c. E-mail Address**



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d. Phone Number

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