



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2751

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 2024-2025**

Type of Funding	Amount
Operations	780,000
Fixed Capital Outlay	0
Total State Funds Requested	780,000

7. **Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	780,000	89%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	100,000	11%
Total Project Costs for Fiscal Year 2024-2025	880,000	100%

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future 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.**

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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If yes, indicate the amount of funds received and what the funds were used for.

Neighborhood Medical Center received \$7,140,246 in COVID-19 related funding. The funding was used for outreach, vaccination clinics, supplies, personnel and equipment.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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?

12. 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.

13. 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: Other		
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 (2), MSW/Counselor (3), Outreach Specialist (2).	600,000
Expense/Equipment/Travel/Supplies/Other	Funds will be used to acquire space to house three targeted IOP programs.	180,000
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)		780,000

14. 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 protect the general public from harm, improve 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 the contract?

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

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

For Profit Entity



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- 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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number