



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3069

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

As the demand for mental health services continues to increase, traditional inpatient care models often fail to meet the needs of individuals with chronic conditions who do not require 24-hour hospitalization but still need intensive care and support. DLC's Pathways to Healing Day Treatment/Partial Hospitalization Program (PHP) is a critical component of mental health care for adults with serious mental health challenges, offering a structured, intensive therapeutic environment that balances clinical support with the opportunity for community engagement and recovery.

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	375,000
Fixed Capital Outlay	0
Total State Funds Requested	375,000

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)	375,000	75%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	125,000	25%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	500,000	100%

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)?

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	Licensed Clinical Coordinator, Medical Director, Advanced Practice Registered Nurse, Registered Nurse/Licensed Practical nurse, Master's level clinician, Bachelor's level Clinician/Case Manager, Client Support Specialist, Peer Support Specialist, Clinical Director/supervision	348,090
Expense/Equipment/Travel/Supplies/Other	Client meals, program supplies, other direct expenses (program materials, office supplies, software subscriptions, etc.)	26,910
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)		375,000

13. Program Performance

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

Funds will be used to create the Pathways to Healing Program (PHP), an adult partial hospitalization program (outpatient day treatment program) for individuals with behavioral health disorders requiring intensive day treatment as a bridge for the gap between inpatient hospitalization and traditional outpatient services. PHP offers clinical services for a minimum of 20 hours per week, five days per week. Services will be provided by a multidisciplinary behavioral health treatment team.

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



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Partial hospitalization/day treatment structured behavioral health services will include: group therapy, individual psychotherapy, medication management, psychoeducation, psychiatric rehabilitation services, recreational and wellness therapies.

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

Services will include: group therapy, individual psychotherapy, medication management, psychoeducation, psychiatric rehabilitation services, recreational and wellness therapies.

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

Adults with mental health and/or co-occurring substance use disorder challenges, including serious mental illness. Between 101 and 200 adults 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?

Reduced admission/re-admission to crisis stabilization/inpatient hospitalization. Reduced symptoms of substance use, suicidal ideation and psychosis. These outcomes will be measured by subjective and objective validated measurement tools as collected via electronic medical records.

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 penalty includes withholding of funding.

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)?



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- ☐ 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
- d. Phone Number



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