The Florida Senate
Local Funding Initiative Request
Fiscal Year 2026-2027

LFIR # 1216

1. Project Title Axiom Behavioral Health Geriatric Care

2. Senate Sponsor Jim Boyd

3. Date of Request 11/14/2025

4. Project/Program Description

Funds will be used to support a comprehensive modernization of patient rooms, nursing stations, and group therapy spaces; installation of anti-ligature and fall-prevention fixtures; improved lighting; and the addition of specialized furniture and equipment to promote mobility, dignity, and engagement. These enhancements will ensure the unit meets current behavioral health design standards. We will also be tailoring our units to best fit their designated demographic, with two adult units for both standard and high-acute patients, and a specialized third unit to serve our senior population.

5. State Agency to receive requested funds Department of Elder Affairs

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	800,000
Fixed Capital Outlay	0
Total State Funds Requested	**800,000**

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	800,000	33%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,600,000	67%
Total Project Costs for Fiscal Year 2026-2027	**2,400,000**	**100%**

8. Has this project previously received state funding? No

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? No

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

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	Funds will be used to support an increase of staff to support the specific needs of the geriatric-psychiatric patient population. This includes additional admissions staff, mental health technicians, registered nurses, licensed social workers, and discharge planners.	800,000
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
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)		**800,000**

13. Program Performance

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

These funds will allow for the optimized operation of a specialized Senior Care Unit, designed to specifically cater to our vulnerable geriatric patients. Staffing such a unit properly requires a significant upgrade to standard unit staffing, in order to meet the physical, mental, and emotional needs of a senior population.

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

Therapeutic engagement with both individual and group therapy together with medication management and appropriate discharge planning.

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

Therapeutic engagement with both individual and group therapy together with medication management and appropriate discharge planning.

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

We will be servicing the geriatric population who suffer from significant mental health issues and substance use disorder.

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

We will be improving our patients' mental health and wellbeing, as patients will display lower levels of depression and anxiety upon discharge. This will be measured using clinically-proven tests for depression and anxiety administered upon admission and again at discharge.

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?

For failing to meet deliverables or performance measures, a penalty for the contracting agency would be a reimbursement of the appropriate funds.

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

☐ 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	Ben	**Last Name**	Teitelbaum
b. Organization	Axiom Behavioral Health at Naples		
c. E-mail Address	bteitelbaum@axiombh.com		
d. Phone Number	(347)306-6400	**Ext.**	

18. Recipient Contact Information

a. Organization	Axiom Behavioral Health at Naples		
b. Municipality and County	Collier		

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	Joseph	**Last Name**	Bernfeld
e. E-mail Address	jbernfeld@axiombh.com		
f. Phone Number	(848)448-2889	**Ext.**	

19. Lobbyist Contact Information

a. Name	Steve Crisafulli
b. Firm Name	SBM Partners, Inc.
c. E-mail Address	steve@stevecrisafulli.com
d. Phone Number	(321)223-8862

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