



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 2015

1. Project Title Tykes & Teens Children's Mental Health Walk in Assessment Centers (Martin and St. Lucie)

2. Senate Sponsor Gayle Harrell

3. Date of Request 11/24/2025

#### 4. Project/Program Description

Tykes & Teens launched a Walk-in Assessment Center in August 2024 to allow children having an immediate mental health crisis to receive same-day assessments for issues like suicide risk, depression, and anxiety, reducing ER visits and stigma. With funding, we aim to sustain services in Martin County and expand to St. Lucie, improving access and outcomes for youth in need. In one year, we have seen 340 children in Martin County and 176 have driven from St. Lucie County. I have letters of support for this project from our local school districts, pediatricians and other child serving organizations.

5. State Agency to receive requested funds Department of Children and Families

State Agency contacted? No

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

Type of Funding	Amount
Operating	400,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>400,000</b>

#### 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)	400,000	75%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	116,438	22%
Other	15,000	3%
<b>Total Project Costs for Fiscal Year 2026-2027</b>	<b>531,438</b>	<b>100%</b>

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.



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## 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Chief Executive Director of Tykes and Teens - 3.4% of her time will be spent on this program.	8,530
Other Salary and Benefits	Human Resources, Finance, Quality and Operations	25,236
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	2 of 3 staff Registered Clinical Interns - \$66,000 annually per staff, \$438 is other funding = 2 FTE, \$131,562; 2 Admissions staff - \$45,000 salary, = 2 FTE, \$90,000; 50% of Admissions Manager = .5 FTE, \$37,500; benefits: FICA taxes .0765 X 5.5 FTE = \$19,818; Health insurance \$7,072 X 5.5 FTE = \$38,896; Dental Insurance \$721 X 5.5 FTE = \$1,982; Life insurance \$652 X 5.5 FTE = 1,712	321,470
Expense/Equipment/Travel/Supplies/Other	Professional services - Electronic Medical Records - \$12,427 New computers - \$5,500 Program & Office Supplies - \$3,100 Staff development - \$3,000.00 Professional Services (Payroll Processing) - \$4,046 Occupancy - \$11,559 Liability Insurance - \$5,132	44,764
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0



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Total State Funds Requested (must equal total from question #6)

400,000

#### 13. Program Performance

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

Our goal is to improve mental health for the children in our community by increasing access to vital mental health services. According to SAMSHA our current behavioral health system does not adequately meet the need for crisis or emergent care. Because of the lack of available immediate care, costs escalate due to an overdependence on restrictive, longer-term hospital stays, hospital readmissions, and an overuse of law enforcement. Extremely valuable psychiatric inpatient assets are over-burdened. Immediate access to care improves mental health care through early intervention and reduces costs and the burden to law enforcement and emergency rooms.

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

The Walk-In Assessment Centers will be staff with qualified mental health clinicians offering same day assessments and crisis intervention to children with immediate needs such as thoughts of suicide or self-harm, depression, anxiety or out-of-control behavior, among other mental health issues.

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

Immediate access to critical mental health care for the children of Martin and St. Lucie counties. In addition to immediate access and intervention, they will be linked with ongoing mental health services for continuity of care. Barriers to receiving needed mental health care will be addressed during the visit.

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

The target population are children residing in St. Lucie and Martin counties ages 0-18 in need of vital mental health services. We anticipate serving over 500 children in the two counties in the next year. This project targets persons with poor mental health, economically disadvantaged persons, and at-risk youth.

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

Our goal is to improve mental health for the children in our community by increasing access to vital mental health services. We plan to track specific measures of benefit or outcome in the following way:  
Tykes & Teens will implement a robust evaluation framework to monitor progress and ensure accountability:  
Data Collection  
• Electronic Health Records (EHR) will track appointment requests, service delivery, and linkage outcomes.  
• Client Satisfaction Surveys will be administered post-service (paper or digital).  
• Referral and hospitalization data will be collected through follow-up w/agencies  
80% of youth requesting a same-day appointment will receive that appointment.  
80% of youth accessing same-day appointment will be linked with an outpatient appointment.  
60% of youth evaluated will avoid inpatient hospitalization.  
80% of families accessing services will express satisfaction with these services.

##### 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?

Withholding of Payments: Partial or full withholding of payments until deliverables are met to satisfaction, ensuring that taxpayer dollars are only disbursed for completed work.  
Contract Suspension or Termination: Temporary suspension or full termination of the contract for repeated or egregious failures, with potential disqualification from future state-funded projects.  
Mandatory Corrective Action Plans: Requirement for the contractor to submit and implement a detailed plan to address deficits

#### 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)



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- ☐ 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)?**

- ☐ 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**



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- ☐ 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

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