



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2483

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The EmpowerYouth Mental Health Center and Peer Support Program will be a cutting-edge initiative designed to provide a safe and welcoming space for young individuals facing mental health challenges. The mental well-being of our youth is of utmost importance, and this program will be specifically designed to address their unique needs through innovative, empathetic and evidence-based approaches. The Center will offer a peer support network where trained youth mentors who have their own lived experiences with mental health challenges provide guidance, understanding and empathy, as well as community engagement in the form of events, workshops and awareness campaigns to help reduce the stigma surrounding mental health. The program will focus on empowering youth with the tools and skills they need to manage their mental health effectively, fostering resilience and personal growth.

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	1,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,000,000</b>

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)	1,000,000	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 2024-2025</b>	<b>1,000,000</b>	<b>100%</b>

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.



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Public private partnerships  
Local Government support  
Philanthropy

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

Yes

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

UF Health St. Johns received \$24.5 million in COVID funds over three years. The funds were used to cover losses of \$52.3 million.

## 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
<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: Other</b>		
Salary and Benefits	Center Program Director (1) \$80,000 + benefits (25%) = \$100,000. Program Coordinators (2) @ \$60,000 + benefits (25%) = \$75,000 x 2 = \$150,000. Mental Health Clinicians (2) @ \$75,000 + benefits (25%) = \$93,750 x 2 = \$187,500.	437,500
Expense/Equipment/Travel/Supplies/Other	Travel, supplies, equipment and furniture, building rent, marketing and outreach.	562,500
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0



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<b>Total State Funds Requested (must equal total from question #6)</b>	<b>1,000,000</b>
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**14. Program Performance**

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

The funds requested will be used to establish and operate the EmpowerYouth Mental Health Center and Peer Support Program, with the specific purpose and goal of providing a safe and welcoming space for young individuals facing mental health challenges. The funds will support the implementation of innovative, empathetic, and evidence-based approaches tailored to the unique needs of youth. These funds will enable the Center to create a peer support network, wherein trained youth mentors with lived experiences in mental health challenges offer guidance and empathy. Additionally, the funds will facilitate community engagement efforts, such as events, workshops, and awareness campaigns, to reduce the stigma surrounding mental health. The ultimate goal is to empower youth with the necessary tools and skills to effectively manage their mental health, foster resilience, and promote personal growth.

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

The activities and services provided by the EmpowerYouth Mental Health Center and Peer Support Program will collectively address the unique needs of youth, fostering their resilience and personal growth while promoting mental well-being and reducing the stigma associated with mental health challenges. This will be done by providing the following services: peer support, individual and group counseling, education, community workshops and resource navigation.

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

Peer support and counseling  
 Educational resources  
 Skill-building workshops  
 Therapeutic Activities  
 Continuity of care

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

The target population served by the EmpowerYouth Mental Health Center and Peer Support Program is young individuals either facing mental health challenges, wanting to provide support to peers, or young persons wanting education. This typically includes adolescents and young adults who are in need of mental health support, guidance, and resources to improve their well-being. The program is designed to address the specific needs of this demographic.

**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 of this project are the following:  
 Improved mental health: Participants will experience improved mental well-being through access to counseling, therapy, and peer support.  
 Reduced Stigma: The program's community engagement efforts, including events, workshops, and awareness campaigns, will contribute to a reduction in the stigma surrounding mental health, leading to more open and accepting attitudes in the community.  
 Empowerment: Participants will acquire tools and skills to manage their mental health effectively, giving them a greater sense of control over their lives and an increased capacity to make positive choices.  
 Build resiliency: Youth will gain skills to better cope with stress, adversity, and mental health challenges, fostering greater resilience and the ability to face life's difficulties with strength and adaptability.  
 Data on these outcomes will be tracked via surveys, assessments, peer feedback and participation data.

**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?**

If deliverables and performance measures and not being met, the contracting agency could consider financial penalties during the invoicing process or, if appropriate, reallocation of funding.



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#### 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
- 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