



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1689

1. Project Title Central Receiving Center Flagler Health +

2. Senate Sponsor Travis Hutson

3. Date of Request 02/18/2021

4. Project/Program Description

Establish a "Central Receiving System" to serve St. Johns and Flagler Counties. The system would provide crisis assessment, intervention, and referral services (CAIR) with transitional care beds for youth and adults. This is an effort by Flagler Hospital+, EPIC Behavioral, and SMA Healthcare. The goal is to provide centralized access to mental health and substance abuse services for the community. Currently, there is no central receiving system for youth in Flagler or St. Johns.

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 2021-2022

Type of Funding	Amount
Operations	2,500,000
Fixed Capital Outlay	0
Total State Funds Requested	2,500,000

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,500,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	2,500,000	100%

8. Has this project previously received state funding? No

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

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 1,000,000

b. Describe the source of funding that can be used in lieu of state funding.

Alternative sources of funding are limited.

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

No



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1689

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

11. 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	4 out-patient exam/counseling rooms for clinical services @ \$500/day.	730,000
Operational Costs: Other		
Salary and Benefits	1 FTE psychiatrist, 4 FTE ARNP, 4 FTE Assessment screener, 3 FTE Licensed Mental Health Professional, 4 FTE Care Coordinators, 4 FTE Case Managers, 2 Administrative assistant/clerical, 1 Staff RN, shared staff with EPIC/SMA (peers, case managers).	1,770,000
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)		2,500,000

12. Program Performance

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

Establish a "Central Receiving System" to provide crisis assessment, intervention, and referral services (CAIR) with transitional care beds for St. Johns and Flagler Counties for our youth and adults. This is an effort by Flagler Hospital+, EPIC Behavioral, and SMA Healthcare. The goal is to provide centralized access to both mental health and substance abuse services to the community. There is currently no central receiving system for our youth in Flagler or St. Johns Counties.

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

CAIR center will provide 24/7 access for all individuals to crisis assessment, brief interventions, referral services, transitional care, and coordinated connection to outpatient service providers; enhancing individual experience of service users, improving behavioral health of St. Johns, Putnam, and Flagler Counties and reducing emergency room visits and law enforcement contact for both youth and adults.

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

CAIR center will streamline crisis stabilization and outpatient behavioral health services for residents of St. Johns County by providing immediate access to screening, assessment, intervention, referrals to community based providers and services, and transition to higher level of care when necessary. CAIR center will provide a safe, welcoming, and inclusive space for anyone seeking assistance.

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

The elderly, persons with poor mental or physical health, at risk youth, the homeless, and youth in need of mental health and substance abuse services.

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1689

be measured?

Reduction of recidivism to crisis services, reduce barriers to treatment, and increase connection to services measured via community health needs assessments and admission rates to CSUs and increased volume to community based providers and 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 the contract?

Withhold payments if program does not demonstrate effectiveness.

13. 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.

N/A



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1689

14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number