

Yes

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 2486

1. Project Title	UF Health St Jo	hns - Youth Day Ti	reatment program			
2. Senate Sponsor	Travis Hutson					
3. Date of Request	12/20/2023					
4. Project/Program D	escription					
experiencing emotion will provide school-laprogram with support	onal or behavioral is based curriculum al- ort, and educational be greatest success	ssues affecting thei ongside of mental I services included f of the youth. The c	nealth and substance for parents, guardians, day treatment program	hool, and in their co use disorders in a s and other member	ion for youth ommunity. This program structured day treatment is of the youth's support termediate level of care	
5. State Agency to re	ceive requested fu	unds Departn	nent of Children and F	amilies		
State Agency cont	acted? Yes					
6. Amount of the Non	recurring Request	for Fiscal Year 20	024-2025			
Type of Funding			Amo	unt		
Operations				1,500,000		
Fixed Capital Outlay	у			0		
Total State Funds	Requested		1,500,000			
7. Total Project Cost	for Fiscal Year 202	4-2025 (including	matching funds ava		ect)	
Type of Funding Total State Funds F	Peguested (from gue	estion #6)	1,500,000	Percentage 100%		
Matching Funds	requested (from qui	2311011 #0)	1,300,000	10070		
Federal			0	0%		
State (excluding the	amount of this req	uest)	0	0%	1	
Local			0	0%		
Other			0	0%		
Total Project Cost	s for Fiscal Year 2	024-2025	1,500,000	100%		
8. Has this project pr	eviously received	state funding?	No			
Fiscal Year	Amount		Specific	Vetoed		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #			
9. Is future funding li	kely to be request	ed?	Yes		_	
a. If yes, indicate r	nonrecurring amou	ınt per year.	1,200,000			
b. Describe the so	urce of funding th	at can be used in	lieu of state funding.			
	billing for those who					
i iivale iiisulalile i	oming for those who	nave umu payer ii	isuiailo c]	
10. Has the entity red	questing this proje	ct received any fe	deral assistance rela	ted to the COVID-	19 pandemic?	



11. Status of Construction

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 2486

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

6	a. What is the cu	irrent phase of t	he project?				
	Planning	O Design	Construction	O N/A			
I	b. Is the project	"shovel ready"	(i.e permitted)?				
(c. What is the es	stimated start da	te of construction?				
(d. What is the es	stimated comple	tion date of constru	ction?			
12.	List the owners relationship be	of the facility to tween the owne	o receive, directly or rs of the facility and	indirectly	y, any fixed capita /.	al outlay funding. Inc	clude the

13. 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: Other	Operational Costs: Other						
Salary and Benefits	1 Psychiatrist @ \$300,000 1 Psychologist @ \$175,000 1 LPN @ \$60,000 1 Occupational Therapist @ \$75,000 3 Licensed Clinical Therapists (LCSW)	820,000					
Expense/Equipment/Travel/Supplies/Other	Office equipment, furniture, space rental and cosmetic renovations	680,000					
Consultants/Contracted Services/Study		0					
Fixed Capital Construction/Majo	r Renovation:						
Construction/Renovation/Land/ Planning Engineering		0					
Total State Funds Requested (must equal total from question #6)							

14. Program Performance

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



15.

16.

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 2486

To establish a day treatment program for youth experiencing emotional or behavioral issues affecting their success at home, school, and in their community. This program will provide school based curriculum alongside of mental health and SUD services in a structured day treatment program with support, and educational services included for parents, guardians, and other members of the youth's support system to ensure the greatest success of the youth.

	structured day treatment pri er members of the youth's			al services included for parents, est success of the youth.	
b. What activities	and services will be prov	ided to mee	t the intended purpos	se of these funds?	
Youth day treatment services provided to community.	ent to include individual, growill enhance the youth's str	oup, family the engths, skills	erapy alongside age a , and ability ensuring a	ppropriate school based curriculum. The a successful integration back into their	
c. What direct ser	vices will be provided to	citizens by t	he appropriation pro	ject?	
Full day behaviora	al health treatment program	1.			
d. Who is the targ	et population served by t	his project?	How many individua	ils are expected to be served?	
Youth of middle ar	nd high school ages. Exped	cted to serve	between 200-400 your	th annually.	
e. What is the exp	ected benefit or outcome	of this proj	ect? What is the meth	hodology by which this outcome will	
be measured?					
Reduction in youth community.	n inpatient days and ED vis	its for the em	notional and behavioral	l issues at home, school, and in the	
·	ggested penalties that the deliverables or performa			ler in addition to its standard penalties ontract?	
Withholding of fun	ding				
Requester Contact	Information				
a. First Name	Kevin	Last Name	Sweeny		
b. Organization	UF Health St Johns				
c. E-mail Address	kevin.sweeny@flaglerhea	kevin.sweeny@flaglerhealth.org			
d. Phone Number	(904)819-4680	Ext.			
Recipient Contact	Information				
a. Organization	. Organization UF Health St Johns				
b. Municipality and	d County Saint Johns				
c. Organization Ty _l	ре				
□For Profit Entity					
☑Non Profit 501(c	2)(3)				
□Non Profit 501(c	c)(4)				
□Local Entity					
□University or Co	llege				
□Other (please sp	pecify)				



17.

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 2486

d. First Name	Paige	Last Name	Stanton		
e. E-mail Address	paige.stanton@flaglerhealth.org				
f. Phone Number	(904)819-4425				
Lobbyist Contact Information					
a. Name	Mark K. Delegal				
b. Firm Name	Delegal Aubuchon Consu	Iting LLC			
c. E-mail Address	mark@dacfl.com				
d. Phone Number	(850)508-7779				