

The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

LFIR # 1950

1. Project Title	Flagler County M	lental Health Dro	p-In Center		
2. Senate Sponsor	Travis Hutson				
3. Date of Request	02/09/2021				
4. Project/Program De	escription				
private behavioral he building for use as th any necessary renov an informal, supportivinclude socialization securing benefits; an	ealthcare provider for the new Center. The vations. The Drop-Ir ve environment to a activities, daily grou ad grooming/hygien	or a true public pr County will then Center will be st assist consumers ups; guest speak e/home maintena	provide this building at affed and operated by with mental illness in t ers; expert advisors; lei	ent Health will deed on to cost to the private partner. The recovery process sure activities; assiste used for first year	over to Flagler County a late parnter and make This Center will provide s. Daily services will stance with life skills and roperations allowing for
5. State Agency to rec	eive requested fu	nds Departm	nent of Children and Fa	milies	
State Agency contact	cted? No				
6. Amount of the Nonro	ecurring Request	for Fiscal Year 2	2021-2022		
Type of Funding			Amo	ount	
Operations				245,000	
Fixed Capital Outlay				0	
Total State Funds R	Requested			245,000	
7. Total Project Cost fo	or Fiscal Year 202	1-2022 (includin	g matching funds ava	ilable for this proje	ect)
Type of Funding			g matching funds ava	ilable for this proje	ect)
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Type of Funding Total State Funds Re			Amount	Percentage	ect)
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Type of Funding Total State Funds Re Matching Funds Federal State (excluding the algorithm) Local Other Total Project Costs 8. Has this project pre Fiscal Year (yyyy-yy)	equested (from que amount of this requested serviously received services and services services are services services and services services are services and services services are services services and services services services are services services and services serv	estion #6) Destion #6) Destion #6) Destion #6) Destion #6) Destion #6) Destion #6)	Amount 245,000 0 0 0 245,000 No Specific Appropriation #	Percentage 100% 0% 0% 0% 0% 100%	ect)
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the algorithm of the state) Local Other Total Project Costs 8. Has this project pre Fiscal Year (уууу-уу) 9. Is future funding like a. If yes, indicate no	equested (from que amount of this requested) for Fiscal Year 20 eviously received s Amo Recurring	estion #6) Destion #6)	Amount 245,000 0 0 0 245,000 No Specific Appropriation #	Percentage 100% 0% 0% 0% 100% Vetoed	ect)



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10.	Has	s the	entity	requestin	g this	proj	ect re	eceived	l any i	federa	l ass	istance	related	l to t	he (CO	VID-	19 pan	demi	c?
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If yes, indicate the amount of funds received and what the funds were used for.

Approximately \$20 million was received and used for business and individual assistance grants, local government including municipalities and public safety.

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		0
Operational Costs: Other		
Salary and Benefits	The Drop-In Center will be staffed with approximately 3.0 FTE employees and a Mental Health Counselor or Social Worker	225,000
Expense/Equipment/Travel/Supplies/Other	Office supplies and equipment	20,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	245,000

12. Program Performance

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

Create a community-based mental health resources that will assist Flagler County residents to receive the counseling and assistance needed to improve their quality of life, enhance self-esteem and provide them with the self-confidence and coping skills to meet the demands of daily activities. Through provisions of access to the needed mental health resources the number of residents dying from suicide, substance abuse or other related mental health illnesses should decline.

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

The Mental Health Drop-In Center will provide opportunities to learn and share coping skills and strategies, and to build and/or enhance self-esteem and self-confidence

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

They will provide organized support groups or peer-to-peer counseling to address the need for peer socialization, and recovery-based approaches that emphasize self-determination, consumers strengths, encouragement and hope. Daily services will include socialization activities; daily groups; guest speakers; expert advisors; leisure activities; assistance with life skills and securing benefits; and grooming/hygiene/home maintenance.

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



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In 2017, Flagler County had the highest suicide rate in the State of Florida and while our numbers have been dropping, 2020 because of the pandemic, we are seeing a rise in depression and suicide. We are also seeing a rise in domestic violence and substance abuse resulting from serious mental health illnesses. Currently, Flagler County has 446 residents diagnosed with serious mental illness. The Drop-In Center will serve as an access point to many of these residents as well as our youth in the community. Each year the school has to Baker Act many students due to mental health related issues so this drop-in center would be a great resource for our local schools.

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

The expected beneift is that Flagler County residents will not need to seek mental health related assistance outside of the county. They will see their quality of life improve as a result of counseling, enhance self-esteem and provide them with the coping skills needed to meet the demands of daily life. We expect the suicide, domestic violence and substance abuse rates will decline along with the number of students that the Flagler County School System must Baker Act.

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 the private partner fails to meet the needs of the residents of Flagler County for behavioral healthcare, Flagler County will look to contract with another private behavioral healthcare provider.

relationship between the owners of the facility and the entity.

13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding, include the

N/A



d. Phone Number (904)385-2757

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14.	14. Requestor Contact Information						
	a. First Name	Donald Last Name O'Brien					
	b. Organization	Flagler County Board of County Commissioners					
	c. E-mail Address	DObrien@flaglercounty.org					
	d. Phone Number	(386)313-4001 Ext.					
15.	Recipient Contact	Information					
	a. Organization	Flagler County Board of County Commissioners					
	b. Municipality and	d County Flagler					
	c. Organization Ty	ре					
	□For Profit Entity						
	□Non Profit 501(c	0)(3)					
	□Non Profit 501(d	c)(4)					
	☑Local Entity						
	□University or Co	ollege					
	□Other (please sp	pecify)					
	d. First Name	Joyce Last Name Bishop					
	e. E-mail Address	jbishop@flaglercounty.org					
	f. Phone Number	(386)586-2324					
16.	Lobbyist Contact I	Information					
	a. Name	Marty Fiorentino					
	b. Firm Name	The Fiorentino Group					
	c. E-mail Address	tmf@thefiorentinogroup.com					