



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 2452

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Central Receiving Facility (CRF) will provide integrated crisis stabilization and addiction receiving facility services as defined in 65E-12.110 FAC. The CRF will provide access 24 hours/7 days a week to mental health crisis stabilization and addiction detoxification services that do not exist in Flagler County. The CRF will function as an access point for all SMA services. Individuals will receive assessment and stabilization services regardless of ability to pay. Flagler County government dedicated a \$10,000,000 state appropriation to the construction of the CRF and a \$1,214,278 land match. SMA provided additional \$4,000,000 for construction.

5. State Agency to receive requested funds

State Agency contacted? Yes

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

Type of Funding	Amount
Operating	1,500,000
Fixed Capital Outlay	0
Total State Funds Requested	1,500,000

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)	1,500,000	44%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	924,000	28%
Local	422,000	13%
Other	510,000	15%
Total Project Costs for Fiscal Year 2026-2027	3,356,000	100%

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? Yes

a. If yes, indicate nonrecurring amount per year.

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

Previously established DCF funding for Central Receiving Facilities.



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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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits	Administrative salaries allocated for Human Resources, Accounting, Information Technology, Executive Management, Patient Accounts, and Performance Improvement	102,000
Expense/Equipment/Travel/Supplies/Other	Administrative expense associated with the above mentioned departments.	48,000
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	.05 FTE Regional Vice President, 1.0 FTE Program Director, 6.3 FTE RN, 8.4 FTE Bhv Health Techs, 4.2 FTE Screener, 1 FTE Nursing Director, 4 FTE Operations Supervisors, .5 FTE Clinical Director, 1 FTE Counselor, 1.0 FTE Court Liaison, 1 FTE Case Manager, 1 FTE Discharge Planner	1,029,567
Expense/Equipment/Travel/Supplies/Other	Utilities; repairs/maintenance; property insurance; voice communications; equip <\$2,500, equip leasing/maintenance/repairs; auto maintenance/fuel; food/kitchen supplies; medicine/drug supplies/expenses; lab; wireless; licenses/permits; client services; office materials/ supplies; and other support.	314,507
Consultants/Contracted Services/Study	Janitorial contracts; repair & maintenance contracts	5,926
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,500,000

13. Program Performance



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

Flagler County currently has no Baker Act/Marchman Act receiving beds. The goal is to establish a Central Receiving Facility (CRF) in Flagler County that will allow for a comprehensive community Central Receiving System of Care. The CRF will include the core component of an Integrated Stabilization Unit, providing 20 Baker Act/Marchman Act Receiving beds. Flagler County government dedicated a \$10,000,000 state appropriation to the construction of the CRF and a \$1,214,278 land match. SMA provided additional \$4,000,000 for construction.

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

The Central Receiving Facility will provide access 24 hours/7 days a week to crisis stabilization and detoxification services that currently do not exist in Flagler County. In addition, it will function as an access point for all of the other services offered by SMA Healthcare. Individuals will receive assessment and stabilization services regardless of the individual's ability to pay.

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

The Central Receiving Facility will provide integrated crisis stabilization and addiction receiving facility services as defined in 65E-12.110 FAC. This includes, but not limited to, close medical observation, use of medication-assisted treatment, physical exam within 24 hours of admission, a biopsychosocial assessment, emergency medical services as needed, the development of a discharge plan beginning at admission, and prescriptions for psychotropic medications provided at discharge.

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

The target population includes: Persons with poor mental health, illicit and prescription drug abusers (in health services), persons with poor physical health, economically disadvantaged persons, individuals experiencing homelessness with a behavioral health disorder, currently or formerly incarcerated persons with a behavioral health disorder, and drug offenders (in Criminal Justice).

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

100% entering ISU will receive a physical health assessment. 100% discharged will be linked with ongoing care. 50% will attend ongoing care within 30 days of discharge. 75% will not be re-admitted within 90 days of successful completion. 70% will successfully complete the program. Data is collected at admission, discharge and throughout the episode of care and recorded in each patient's electronic health record. Reports are subsequently generated from querying the electronic health record database.

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?

Performance requirements as negotiated contractually with DCF.

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)
- 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



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- 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
 - For Profit Entity
 - Non Profit 501(c)(3)
 - Non Profit 501(c)(4)
 - Local Entity
 - University or College



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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.