



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1920

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. Project/Program Description

Fernandina Beach Expansion Project. Provides funds to continue the construction of a 10,000 sq ft facility to meet the behavioral health needs of the residents of Nassau County. Starting Point Behavioral Healthcare (SPBH), a private, not-for-profit Community Behavioral Health Center, has operated in Nassau County for 30 years. SPBH is the designated safety-net provider in the county and the only provider to deliver a comprehensive menu of person and family-centered behavioral health services and supports to uninsured, underinsured, and other vulnerable individuals. The land for the building site was purchased in June 2022. This county location selected is a low-income area of the county that ranks highest in health disparities and is impacted by limited access to public transportation.

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	0
Fixed Capital Outlay	750,000
Total State Funds Requested	750,000

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)	750,000	24%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	2,000,000	62%
Local	450,000	14%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	3,200,000	100%

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	2,000,000	387A	No

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.**

SPBH will use Opioid Abatement funding to support the infrastructure expansion of a medication assisted treatment program. SPBH will launch an annual campaign to support this initiative in January 2024



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

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

Starting Point received \$161,063 from the Provider Relief fund to cover losses in Medicaid/Medicare billing during the COVID19 lockdown and continued pandemic. We received \$70,000 in Cares Act from Nassau County Government in 2020 for telehealth expansion and office renovations, and \$650,000 from the PPP in order to continue full time employment and benefits of our staff of over 100 employees. These funds were in 2020.

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.

Starting Point Behavioral Healthcare (SPBH), a non-profit entity governed by a volunteer Board of Directors and run by a CEO, is the owner of the facility.

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		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Development and Planning (i.e., contractor firm selection, budgeting, etc.). Pre-Design (Architect, contracts, building orientation, etc.). Design (mechanical, electrical, and structural engineering, etc.). Construction.	750,000
Total State Funds Requested (must equal total from question #6)		750,000



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14. Program Performance

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

To improve behavioral healthcare for individuals across the lifespan by increasing access and engagement with trauma and culturally informed service model that incorporates a full continuum of services; including psychiatric care, counseling, peer support, case management, care coordination, and psychosocial rehabilitation to persons with SUD, SMI, SED, and COD in Fernandina Beach, Florida

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

SPBH owns a vacant lot of land in Fernandina Beach Florida that it plans to expand its facilities on to to serve residents of Nassau County. The facility design and construction will consists of the following phases:
 Development and Planning (I.e. contractor firm selection, budgeting, etc.)
 Pre-Design (Architect, contracts, building orientation, etc.) Design (mechanical, electrical, and structural engineering, etc.)
 Pre-construction (Permits, insurance, construction bids, Assign Superintendent, procure materials, etc.)
 Construction (Excavate, ensure drainage, install utilities, inspections, build, etc.)

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

SPBH will provide care coordination, crisis mental health services, including a 24-hour crisis line, emergency crisis intervention, and a 24-hour mobile crisis team, and trauma-informed screening, assessment, and diagnosis, including risk screening and management; patient-centered planning using the evidence-based same-day access model, psychiatric care, outpatient mental health, and substance use services including ambulatory detox and medication-assisted treatment for opioid and alcohol use disorder, individual, group, and family therapy, case management, peer support, and psychosocial rehabilitation services, incorporating primary care screening and monitoring of key health indicators and health risks (e.g., MI, blood pressure, tobacco use, HIV/Viral Hepatitis) into our service delivery.

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

Our target population for this project includes individuals and families with behavioral health challenges across the lifespan residing in Nassau County Florida with an additional focus on minority women for health screening and education. It is estimated that we will serve 1000 unduplicated individuals per year at this location.

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

The expected outcome for this project is to be on time with construction completion and within the project budget. Each bid package will include specific wording outlining financial penalties for completing the job outside the contracted timeframe (unless the penalty is waived in writing by SPBH)). With the development and planning phase the project will identify the deserted outcome for each milestone, assign a project plan owner, design and monitor key performance indicators, determine the right behavioral measures and use technology to track and communicate the data to the project team. n each area of the 6 phases of construction (Development and Planning, Pre-Design, Design, Pre-construction, Construction, Post-Construction) the Project Manager is responsible for finding opportunities to drive and improve project performance.

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?

Loss of funds not contractually obligated, penalized, or expended during the project's completion or at the point the contract is terminated by the State of Florida.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**



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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