



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2634

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The barriers to providing mental health services to youth and young adults in Florida are a pressing issue, and St. Augustine Youth Services has played a pivotal role in addressing these needs at the local level through the delivery of its Mobile Response Team, Community Action Team (CAT), Targeted Case Management (TCM) and Coaches team services. Funding is requested to expand the office space for St. Augustine Youth Services' community teams, ensuring that youth and young adults in St. Johns, Putnam, and Flagler Counties have access to the mental health services they need to thrive and succeed.

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	1,400,000
<b>Total State Funds Requested</b>	<b>1,400,000</b>

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)	1,400,000	64%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	400,000	18%
Other	400,000	18%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>2,200,000</b>	<b>100%</b>

8. Has this project previously received state funding?

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

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.

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



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

No pandemic related funds were used as a source of funds specifically for this project.

## 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)?

No

c. What is the estimated start date of construction?

10/01/2025

d. What is the estimated completion date of construction?

10/1/2027

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.

St. Augustine Youth Services is a private non for profit with no ownership.

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	For the acquisition of property and construction of a building.	1,400,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,400,000</b>

### 14. Program Performance

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

The primary objective of this project is to secure a larger, centralized and more appropriate space that can efficiently house the expanded team. The acquisition of a new property or building will enable St. Augustine Youth Services to enhance its capacity to deliver high-quality services to its clients and customers within 60 minutes of receiving a crisis call. By providing ample room for the increased staff, the agency can optimize its operations and effectively meet the growing needs of the community.

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



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St. Augustine Youth Services will deliver Community behavioral health services such as group counseling, mobile crisis response, case management, peer support and medication management through our three community programs: Mobile Response Team, Community Action Team, and COACHES teams.

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

The following mental health and behavioral health services will be provided to the community: Counseling, case management, medication management, concrete and peer support.

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

Youth aged 6 to 25 years of age are served between these three community programs. During FY 22 - 23 approximately 750 youth were served between these programs. Given recent expansions, the agency expects to serve >800 youth.

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

- Divert 80% of Baker Acts and prevented youth from entering psychiatric hospital care.  
Measured by: Measured by number of youth served versus number who ultimately required Baker Act by Mobil Crisis Team.
- Prevent 90% of participants from residential services and arrests.  
Measured by: Measured by determining number of available school days youth attended and number of excused versus unexcused absences
- Answer 100% of calls within 60 minutes.  
Measured by: Response is measured from time call is received.
- 90% of participants live in a community setting: prevented from ever entering higher level of care.  
Measured by: Lutheran Services Florida data reporting streams.

**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?**

Standard contract penalties are sufficient.

**15. Requester Contact Information**

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

**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)



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- 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**