



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1261

1. Project Title St. Johns EPIC Recovery Center - Women's Substance Use Residential Treatment Beds

2. Senate Sponsor Travis Hutson

3. Date of Request 01/25/2021

#### 4. Project/Program Description

Woman seeking residential treatment for their substance use disorder typically wait up to 90 days for a bed in our service area. Funding is requested to continue the 6 beds allocated for women-specific residential treatment services in St. Johns and surrounding counties. This level of service is an intensive residential treatment program for women with a significant substance use disorder coupled with co-occurring mental health challenges. A specialized "team" approach is deployed that includes individual and group therapy, psychiatric interventions, medication-assisted treatment, care coordination, peer support services and family reunification activities. This request is supported by St. Johns County Board of County Commission, St. Johns County Behavioral Health Consortium, Flagler Health+ (inpatient hospital system), Betty Griffin Center (domestic violence provider) and the St. Johns County Family Integrity Program (CBC provider for Child Welfare services).

5. State Agency to receive requested funds Department of Children and Families

State Agency contacted? Yes

#### 6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	600,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>600,000</b>

#### 7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	600,000	86%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	100,000	14%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>700,000</b>	<b>100%</b>

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	600,000	376	No

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 600,000

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



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Funding for women's residential treatment is severely underfunded in Florida. In our service area a woman can wait up to 90 days for a treatment bed. Our local behavioral health consortium has selected the pursuit of state funding for residential treatment as their number one priority for adults. If state funding were not continued, services would need to be suspended until another source of funding was explored.

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

Yes

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

Our company received a Paycheck Protection Program loan in the amount of \$686,500 due to the financial impact caused by the COVID-19 pandemic. The funding was used to preserve our current staffing levels and continue essential mental health and substance use disorder prevention and treatment services throughout our community.

#### 11. 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	Salaries and Benefits will be used to retain medical/clinical staff (2.0 FTE), paraprofessionals to include behavioral health technicians, peer support specialists (4.0 FTE) and support personnel to include housekeeping, kitchen staff, customer service representative (2.25 FTE) to manage the 24/7 day-to-day operations of the intensive residential treatment facility.	410,000
Expense/Equipment/Travel/Supplies/Other	Operating Costs to include Medical, Pharmacy, Food, IT, Occupancy expenses, Program/Office Supplies, Travel expenses, and other Professional Services.	190,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>600,000</b>

#### 12. Program Performance

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

The goal is to increase access to Level 1 inpatient residential treatment services for women with a substance use disorder by funding 6 beds at the St. Johns EPIC Recovery Center. This funding request will address the specific unmet need for women's intensive, person-centered treatment services as identified by community providers of child welfare, domestic violence, and health care services.

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



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A specialized therapeutic modality will be implemented that addresses women-specific issues including trauma, grief and loss, self-esteem/body image, anger, familial relationships, and co-occurring mental health concerns of anxiety, depression and eating disorders. Our residents will also receive care coordination, peer support, life-skills coaching, parenting, and recreation/art therapies.

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

Direct services provided to adult women with acute substance use disorders will include a staff "team" approach of therapists, nurses, care coordinators and peer support specialists to offer intensive, short-term residential treatment (30 days) in order to build a solid foundation for recovery.

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

Adult women with a substance use disorder (alcohol, opioid, stimulants, meth, etc.). Approximately 75 individuals will be served as a result of expanding our current facility to add additional inpatient bed capacity.

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

Reduce Substance Abuse (Measure: Reduction of symptoms). Completion of the treatment episode of care. Reduction of patients leaving services AMA (Against Medical Advice). Method for measuring outcome: Adherence to patient's treatment/recovery plan and care coordination plan that addresses substance use. Improve Mental Health. (Measure: Reduction of symptoms) Psychiatric Assessment. Method for measuring outcome: Assessment with Licensed Practitioner, adherence to treatment plan, PHQ-9 depression screening at baseline and intervals throughout treatment.

**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?**

Establish a correction action plan. Withhold payment if necessary until deliverables are met.

**13. 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.**

N/A



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#### 14. Requestor Contact Information

a. First Name  Last Name   
b. Organization   
c. E-mail Address   
d. Phone Number  Ext.

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name   
b. Firm Name   
c. E-mail Address   
d. Phone Number