



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2841

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

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, group and family 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, UF Flagler Hospital (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**
- State Agency contacted?** No Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	750,000
Fixed Capital Outlay	0
Total State Funds Requested	750,000

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	750,000	85%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	132,800	15%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	882,800	100%

8. **Has this project previously received state funding?** No Yes
- If yes, provide the most recent instance:**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	750,000	377	No

9. **Is future-year funding likely to be requested?** No Yes
- a. **If yes, indicate nonrecurring amount per year.**
- 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 one of their top 5 priorities for adults. If state funding were not continued, services would need to be suspended until another source of funding was explored.

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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Salaries and Benefits will be used to retain medical/clinical staff (2.0 FTE), paraprofessionals to include behavioral health technicians and peer support specialists (4.0 FTE), and support personnel to include housekeeping, kitchen staff, and patient care specialists (1.50 FTE) to manage the 24/7 day-to-day operations of the intensive residential treatment facility.	550,000
Expense/Equipment/Travel/Supplies/Other	Operating Costs to include Medical, Pharmacy, Food, IT, Occupancy expenses, General Operating Expenses (telephone, insurance, equipment, and administration), Program/Office Supplies, Travel expenses, and other Professional Services.	200,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		



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Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		750,000

13. 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. A core element of this initiative is ensuring that women can remain actively involved in their children's lives during their recovery journey. By preserving these critical family connections, we reduce the emotional and developmental impacts on children while mitigating the strain on systems like foster care and child welfare.

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

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 (30 days) residential treatment 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, opioids, cocaine, 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?

1. Reduce Substance Abuse
 Measure: Reduction of symptoms. Completion of the treatment episode of care. Employment and safe housing achieved post discharge.
 Method for measuring outcome: Adherence to patient's treatment/recovery plan and care coordination plan that addresses substance use and/or mental health disorder treatment, employment, housing, benefits, primary health care, transportation, social connectedness, etc.

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?

Establish a corrective action plan: withhold payment, if necessary, until deliverables are met.

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):



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15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- 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)



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- Local Entity
- University or College
- 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.