



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1661

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The demand for timely access to mental health and substance use treatment services continues to be a top priority for the St. Johns County community and across Florida. To address this demand, EPIC Behavioral Healthcare was awarded additional funding to expand mental health treatment services across the lifespan and to grow our Medication-Assisted Treatment (MAT) Clinic for adults with an opioid and/or alcohol use disorder. Funding is requested to make capital improvements to our existing facilities in order to expand clinical, medical and support staff, to serve more people, and to create an environment focused on high quality patient care, privacy and safety.

5. **State Agency to receive requested funds**

**State Agency contacted?**  Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	210,900
Fixed Capital Outlay	366,000
<b>Total State Funds Requested</b>	<b>576,900</b>

7. **Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	576,900	89%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	68,000	11%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>644,900</b>	<b>100%</b>

8. **Has this project previously received state funding?**  No

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

9. **Is future funding likely to be requested?**  No

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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During the planning stage of this project, we were able to design a renovation plan utilizing our existing facilities to accommodate additional staffing and therapy space. A request for state funding was initiated for one year of funding only. The EPIC Board of Directors is of the opinion that a capital campaign to raise funds locally is not a good option at this time due to economic strength worries and a declining trendline of giving. The project would therefore be placed on a hold status.

**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.**

## 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

**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.**

The facility is owned by EPIC Behavioral Healthcare who is requesting the fixed capital outlay funding.

**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	Expenses/Equipment/Travel/Supplies/Other. Furniture for the Mental Health Treatment wing and the Medication Assisted Treatment wing to include medical/clinical offices (desks, chairs, bookcases, exam tables), group counseling rooms (desk, client seating, projector), reception areas (guest seating, sound system, end tables), fixtures, and visual art reproductions (\$130,900). Hurricane preparedness resources - generator and hurricane shutters (\$80,000).	210,900
Consultants/Contracted Services/Study		0



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<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/ Planning Engineering	Renovate existing property to expand behavioral health services - architectural design services/ permitting/project management (\$30,000), general construction costs (demolition, carpentry, doors and hardware, drywall/acoustical ceiling and insulation, HVAC, electrical, flooring, painting and plumbing (\$302,000) and a privacy fence (\$34,000).	366,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>576,900</b>

#### 14. Program Performance

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

The goal of the project is to increase our capacity to treat more individuals with a substance use or mental health disorder by renovating our existing facilities for planned growth. We believe that by remodeling our current space we will gain the needed spatial efficiencies to expand our clinical workforce by more than 30% so that more individuals are able to access treatment. This remodel will create a more effective design and flow for office and clinical operations.

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

With a remodel of our existing facilities, we will expand clinical, medical and support staff by 30% to meet the increased demand for behavioral health outpatient treatment. Specifically, it is our intent to provide timely access for individuals to receive mental health treatment across the lifespan and medication-assisted treatment for alcohol and/or opioid use disorder by 22%.

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

Direct services provided at the remodeled facilities will include assessment, treatment planning, counseling, psychiatric evaluation and management, medication administration, care coordination, peer recovery support, and mutual support meetings. The remodeled facilities will provide a warm and welcoming environment focused on comfort, privacy, safety and overall patient care experience.

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

Mental Health Outpatient Treatment services for individuals across the lifespan (children, adolescents, adults, seniors). Medication Assisted Recovery Services for adults with an opioid and/or alcohol use disorder. Approximately 900 individuals will be served.

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

1. Improve Mental Health  
Measure: Reduction of symptoms. Completion of treatment episode of care.  
Method for measuring outcome: Adherence to treatment plan, PHQ-9 depression screening at baseline and intervals throughout treatment.

2. 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 the contract?**

Standard contract penalties are sufficient.

#### 15. Requester Contact Information

**a. First Name**  **Last Name**



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**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)
- 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**