



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 2034

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

4. **Project/Program Description**

Funding requested will expand the short-term residential treatment bed capacity at the St. Johns EPIC Recovery Center for women with a significant substance use disorder (adding 6 additional beds to current bed capacity of 2 beds). Currently, there is a minimum of a 90-day wait for women seeking inpatient treatment in the North Florida area. This Project will address an unmet need for women's intensive, person-centered treatment and 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**   
 State Agency contacted?     Yes     No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	750,000
Fixed Capital Outlay	000
<b>Total State Funds Requested</b>	<b>750,000</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	750,000	88.0 %
<b>Matching Funds</b>		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	100,000	12 %
Other	00	0 %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>850,000</b>	<b>100 %</b>

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

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2019-20	00	250,000	373	No

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

If yes, indicate nonrecurring amount per year.



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10. 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		<input type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
<b>Operational Costs: Other</b>		
Salary and Benefits	Salaries and Benefits will be used to hire medical/clinical staff (2.75 FTE), paraprofessionals (4.0 FTE) and support personnel (2.2 FTE) to manage the 24/7 day-to-day operations of the medical inpatient facility.	430,000
Expense/Equipment/Travel/Supplies/Other	Equipment to include furniture and other furnishings for four (4) patient bedrooms, Intake and counseling rooms, and upgrade to the kitchen and bathrooms to accommodate additional patient treatment needs. Operating Costs to include Medical, Pharmacy, Food, IT, Occupancy, Program Curriculum, and other Professional Services. One (1) vehicle to transport patients to appointments for medical, employment, housing, recovery meetings and other activities.	320,000
Consultants/Contracted Services/Study		<input type="text"/>
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		<input type="text"/>
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>750,000</b>



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## 11. Program Performance

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

The goal is to increase access to inpatient residential treatment services for women with a substance use disorder by adding six (6) new beds at the St. Johns EPIC Recovery Center. This expansion will address the 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?

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

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

Funding requested will expand the short-term residential treatment bed capacity at the St. Johns EPIC Recovery Center. 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 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, opioids, cocaine, meth, etc.). Approximately 100 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 in the contract?

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



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12. **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

13. **Requestor Contact Information**

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

14. **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

15. **Lobbyist Contact Information**

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