



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1175

1. Project Title Putnam County Substance Use Disorder Treatment Facility

2. Senate Sponsor Keith Perry

3. Date of Request 10/18/2021

4. Project/Program Description

Funding is requested to purchase a facility in Palatka, FL to stand up and operate an outpatient Substance Use Disorder Treatment Facility for the delivery of medication-assisted treatment and related services. Meridian was awarded a license to operate a medication-assisted treatment (MAT) program in Putnam County in December of 2020. These services were awarded after a multi-year statewide needs assessment and procurement process by the Department of Children and Families. It was determined that Putnam county is an underserved area for these services, and only residents that have a means to travel out of the county are able to receive this critical medical treatment. This facility has been discussed with the county commission in Putnam County and has received, through public meetings and comments, their unanimous support.

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 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	585,000
<b>Total State Funds Requested</b>	<b>585,000</b>

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	585,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>585,000</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.

this requires a significant additional expense to build out to meet Drug Enforcement Agency, Department of Children and Families, Substance Abuse and Mental Health Administration, Pharmacy, and local building and zoning requirements.



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## Local Funding Initiative Request

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LFIR # 1175

#### 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.

Paycheck Protection Program (PPP) Loan, \$5.4 million that was used May 2020 - September 2020 to maintain the system of care for citizens within our 12-county service area in North Central Florida. 100% of funds were used for base salary and benefits to maintain the system of care through the pandemic.

#### 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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	One time cost for the purchase of land and facility to provide outpatient treatment in Putnam County, FL (building has been purchased, support from legislature to remove loan and \$100,000 for construction costs to build out for Substance Use Disorder Medical Services)	585,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>585,000</b>

#### 12. Program Performance

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

Meridian Behavioral Healthcare acquired property in October 2021, a building, and a license and renovate and furnish the building as required to provide services to those affected by substance abuse. The primary goal of the proposed methadone medication assisted treatment services is to provide a safe, therapeutic, and physician monitored environment with the aim of stopping the use of abused prescribed opioids, non-prescribed opioids, and heroin.

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

The activities and services in the requested facility include the following: assessment; medication administration; psychiatric and medical services; laboratory services; clinical evidence based outpatient treatment; drug screening; educational services regarding impact of substance use, disease of addiction and recovery, overdose prevention and life skills; ancillary and referral services such as crisis intervention/stabilization, residential and housing services.

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



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Direct services will include approved Medication Assisted Treatment Center in Putnam County for its citizens. The facility will improve the accessibility and timeliness of needed medication assisted treatment by providing this service within Putnam County and eliminating the need to travel to Gainesville or another location for treatment, a major barrier for individuals without adequate transportation and related resources. Other direct services for citizens include assessments, medication administration, outpatient and psychiatric services, referrals, post inpatient follow up services and recommendation for other services.

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

The target population that will be served by this project is any citizen of Putnam County who abuses prescribed opioids, non-prescribed opioids, heroin, and other substances. We will especially target pregnant and postpartum mothers and women with young children to decrease harm to the children and the impact of neonatal abstinence syndrome in babies born addicted to substances. The project will provide treatment for an estimated 500 individuals annually.

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

Untreated opioid use disorders have a widespread impact on local and state resources, resulting in increased costs associated with criminal justice, treatment of babies born dependent on opioids, infectious disease transmission, emergency responses to overdoses, injuries associated with intoxication (e.g., drugged driving), and lost productivity (National Institute on Drug Abuse, 2018). To mitigate this in Putnam County, our project will: Develop a building within 60 days of receipt of funds to provide Medication-Assisted Treatment. Services will be operational and citizens will be served by March 31, 2022. (Methodology: Services will be provided by March 31, 2021 or sooner.)

**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?**

We are committed and ready to complete the project, meeting all deliverables and performance measures. If we do not meet the deliverables and performance measures, we will be prepared to return allocated funds.

**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.**

Meridian Behavioral Healthcare is a non-profit 501(c) (3) entity who will receive the fixed capital outlay funding and own the building and property.



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## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1175

#### 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