

1. Project Title

Welfare services).

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 3458

	Treatment Beds	
2. Senate Sponsor	Travis Hutson	
3. Date of Request	01/04/2024	
4. Project/Program D	escription	
area. Funding is rec and surrounding co- substance use disor that includes individ coordination, peer s	uested to continue the unties. This level of sender coupled with co-ocual, group and family the upport services and far	heir substance use disorder typically wait up to 90 days for a bed in our service 6 beds allocated for women-specific residential treatment services in St. Johns vice is an intensive residential treatment program for women with a significant curring mental health challenges. A specialized "team" approach is deployed nerapy, psychiatric interventions, medication-assisted treatment, care mily reunification activities. This request is supported by St. Johns County Board 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

St. Johns EPIC Recovery Center Women's Substance Abuse Residential

5. State Agency to receive red	quested funds	Department of Children and Families
State Agency contacted?	Ves	

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

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

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	750,000	90%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	85,000	10%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	835,000	100%

8. Has this project previously received state funding?

Fise	cal Year	Amount		Specific	Vetoed	
(y)	ууу-уу)	Recurring	Nonrecurring	Appropriation #		
2023-2	4	0	750,000	378	No	

9. Is future funding likely to be requested?

Yes

Yes

a. If yes, indicate nonrecurring amount per year.

750,000

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



No

Services/Study

Other

Salary and Benefits

Operational Costs: Other

Expense/Equipment/Travel/Supplies/

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

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550,000

200,000

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.

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

omplete questions 11 an	d 12 for Fixed Capital Outlay Projects	
. Status of Construction		
a. What is the current phase of th	e project?	
Planning Design	○ Construction	
b. Is the project "shovel ready" (i.	e permitted)?	
c. What is the estimated start date	e of construction?	
d What is the estimated completi	on data of construction?	
d. What is the estimated completi	on date of construction?	
List the owners of the facility to relationship between the owners	receive, directly or indirectly, any fixed capital outlay fund s of the facility and the entity.	ing. Include the
B. Details on how the requested sta	te funds will be expended Description	Amount
Administrative Costs:	2000 ii pii oii	, Amount
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/ Other		
Consultants/Contracted		

expenses, and other Professional Services.

treatment facility.

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

Operating Costs to include Medical, Pharmacy, Food, IT, Occupancy

expenses, General Operating Expenses (telephone, insurance, equipment, and administration), Program/Office Supplies, Travel



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Consultants/Contracted Services/Study		0	
Fixed Capital Construction/Major Renovation:			
Construction/Renovation/Land/ Planning Engineering		0	
Total State Funds Requested (must equal total from question #6)			

14. 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?

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.

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

	1	5.	Rec	uester	Contact	Inf	formatior
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a. First Name	Patricia	Last Name	Greenough
b. Organization	EPIC Community Services	s, Inc. dba E	PIC Behavioral Healthcare
c. E-mail Address	pgreenough@epicbh.org		



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d. Phone Number	(904)829	-2273	Ext.	4000		
16. Recipient Contact Information						
a. Organization		mmunity Services	s, Inc. dba El	PIC		
b. Municipality and	d County	Saint Johns				
c. Organization Ty	ре					
□For Profit Entity						
☑Non Profit 501(c	:)(3)					
□Non Profit 501(d	:)(4)					
□Local Entity						
□University or Co	llege					
□Other (please sp	pecify)					
d. First Name	Patricia		Last Name	Greenough		
e. E-mail Address	pgreenou	gh@epicbh.org				
f. Phone Number	(904)829	-2273				
17. Lobbyist Contact I	nformatio	n				
a. Name	None					
b. Firm Name						
c. E-mail Address						
d. Phone Number						