

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: The St. Johns EPIC Recovery Center's Women's Substance Abuse Residential Treatment Services
2. Date of Submission: 10/23/2019
3. House Member Sponsor: Cyndi Stevenson
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded? 2019-20
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		250,000	250,000		750,000	750,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Children and Families
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.
Establish a corrective action plan; withhold payment if necessary until deliverables are met.

6. Requester:

- a. Name: Patricia Greenough
- b. Organization: EPIC Community Services, Inc. dba EPIC Behavioral Healthcare
- c. Email: pgreenough@epicbh.org
- d. Phone #: (904)829-2273

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Patricia Greenough
- b. Organization: EPIC Community Services, Inc. dba EPIC Behavioral Healthcare
- c. Email: pgreenough@epicbh.org
- d. Phone #: (904)829-2273

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Frank Mayernick
- b. Firm: The Mayernick Group
- c. Email: frank@themayernickgroup.com
- d. Phone #: (850)251-8898

9. Organization or Name of entity receiving funds:

- a. Name: EPIC Community Services, Inc. dba EPIC Behavioral Healthcare
- b. County (County where funds are to be expended): St. Johns
- c. Service Area (Counties being served by the service(s) provided with funding): Flagler, Putnam, St. Johns, Volusia

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being 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.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter “0” if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries 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
<input checked="" type="checkbox"/> f. Expenses/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.	320,000

	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.	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		750,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category “h. Fixed Capital Outlay” was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

St. Johns County Board of County Commission (approval 10/1/19); St. Johns County Behavioral Health Consortium (approval 6/26/19); Letters of Support identifying need for expanded residential treatment beds for women with substance use disorder from: Flagler Health+ (inpatient hospital system), Betty Griffin Center (domestic violence provider), St. Johns County Family Integrity Program (CBC provider for Child Welfare services). Local match of \$100,000 secured.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

For the past four (4) years, the need to expand inpatient treatment bed capacity at the St. Johns EPIC Recovery Center has been one of the top three (3) priorities of the St. Johns County Behavioral Health Consortium. Its membership conducts an independent review of the behavioral health care needs and ranks them as to the most urgent need. Expansion of residential treatment was ranked as the 2nd priority for adults in the most recent 2019 review.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the 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.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Funding requested will expand the short-term residential treatment bed capacity at the St. Johns EPIC Recovery Center by 50% (from 6 beds increasing to 12 beds). 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.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth

- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe): Adult women with a substance use disorder (alcohol, opioids, cocaine, meth, etc.).

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Reduction of symptoms. Psychiatric Assessment.	Assessment with Licensed Practitioner, adherence to treatment plan, PHQ-9 depression screening at baseline and intervals throughout treatment.
<input type="checkbox"/> Enrich cultural experience		

<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	Completion of the treatment episode of care. Reduction of patients leaving services AMA (Against Medical Advice).	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.
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		

<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	750,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	750,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2020-21 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years

- 3 years
- 4 years
- ≥ 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select “ongoing activity”.

- ongoing activity – no total cost
- <1M
- 1-3M
- >3-10M
- >10M