16	**AGENDA ITEM** **ST. JOHNS COUNTY BOARD OF COUNTY COMMISSIONERS**
	Deadline for Submission - Wednesday 9 a.m. – Thirteen Days Prior to BCC Meeting

10/20/2026

BCC MEETING DATE

TO: **Joy Andrews, County Administrator** **DATE:** **September 24, 2026**

FROM: **Shawna Novak, Director** **PHONE:** **904 209-6089**

SUBJECT OR TITLE: **Approval and Execution of the FY27 short-term contract between St. Johns County and EPIC Community Services, Inc. d/b/a EPIC Behavioral Healthcare to provide a partial funding allocation for its Recovery Center.**

AGENDA TYPE: **Consent Agenda, Contract, Resolution**

BACKGROUND INFORMATION:

Requesting the approval of the FY27 short-term contract between St. Johns County and EPIC Community Services, Inc. d/b/a EPIC Behavioral Healthcare to provide a partial funding allocation not to exceed $103,750, for its Recovery Center, which provides access to inpatient services for adults with a substance use disorder and has identified an immediate cash flow need that may impact continuity of service. The purpose of the Recovery Center is to provide medically managed detoxification/ withdrawal management services for county residents experiencing withdrawal from drugs and/or alcohol and to provide them with opportunities for ongoing treatment. The goal is to increase access to treatment for adults who have an untreated substance use disorder and need immediate medical and clinical attention in order to withdraw safely from the physiological and psychological effects of their substance use. The focus is on delivering an intensive regimen of clinical services through a multidisciplinary team approach to increase access to substance use services and to prepare individuals for an ongoing life of recovery. Services include detoxification; Level 1 residential and outpatient treatment; discharge planning; care coordination; peer support; transportation support; and Sober Living housing. Due to ongoing funding uncertainties associated with property tax reform, the County is pausing full implementation of the full FY27 funding allocation at the direction of Office of Management and Budget (OMB) and County Administration. This short-term contract is intended to provide temporary financial support for immediate operational needs and should not be interpreted as the full FY 2027 funding allocation. Remaining funding allocations will be re-evaluated once the County has greater clarity regarding available funding and the impact of proposed property tax reform. It is requested that the BCC approve the short-term contract between St. Johns County and EPIC Community Services, Inc. d/b/a EPIC Behavioral Healthcare, and authorize the County Administrator to execute the final Agreement on behalf of the County.

1. IS FUNDING REQUIRED? Yes **2. IF YES, INDICATE IF BUDGETED.** Yes

IF FUNDING IS REQUIRED, MANDATORY OMB REVIEW IS REQUIRED:

INDICATE FUNDING SOURCE: Funding in the FY27 Budget is appropriated within the Human Services Support Department - Aid to Private Organizations (0099-58200)

SUGGESTED MOTION/RECOMMENDATION/ACTION:

Motion to adopt Resolution 2026-_____, approving the terms, conditions, and requirements of the short-term contract between St. Johns County and EPIC Community Services, Inc d/b/a EPIC Behavioral Healthcare to provide a partial funding allocation for its Recovery Center, which provides access to inpatient services for adults with a substance use disorder, in an amount not to exceed $103,750; and, authorizing the County Administrator, or designee, to execute the contract substantially in the same form as attached on behalf of the County.

For Administration Use Only:
Legal: Kealey West 10/5/2026 **OMB: CB 10/6/2026** **Admin: Brad Bradley 10/9/2026**

RESOLUTION NO. 2026 -_____

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, APPROVING THE TERMS, CONDITIONS, AND REQUIREMENTS OF A SHORT-TERM AGREEMENT BETWEEN ST. JOHNS COUNTY BOARD OF COUNTY COMMISSIONERS AND EPIC COMMUNITY SERVICES FOR A PARTIAL FUNDING ALLOCATION FOR THE RECOVERY CENTER TO PROVIDE ACCESS TO INPATIENT SERVICES FOR ADULTS WITH A SUBSTANCE USE DISORDER, AND AUTHORIZING THE COUNTY ADMINISTRATOR, OR DESIGNEE, TO EXECUTE THE AGREEMENT ON BEHALF OF THE COUNTY.

WHEREAS, each year, the County provides funding to nonprofit agencies that provide health, human, or social services to the residents of St. Johns County; and,

WHEREAS, the Recovery Center provides medically managed detoxification and withdrawal management services for County residents experiencing withdrawal from drugs and/or alcohol and provides them with opportunities for ongoing treatment with a goal to increase access to treatment for adults who have an untreated substance use disorder and need immediate medical and clinical attention in order to withdraw safely from the physiological and psychological effects of their substance use; and,

WHEREAS, access to inpatient services includes detoxification; Level 1 residential and outpatient treatment; discharge planning; care coordination; peer support; transportation support; and access to Sober Living housing; and,

WHEREAS, due to ongoing funding uncertainties associated with the proposed property tax reform, the County is holding the implementation of the full fiscal year 2027 funding recommendations; and

WHEREAS, EPIC Community Services has identified immediate cash-flow needs that may impact continuity of service; and.

WHEREAS, in consideration of these circumstances, a short-term contract providing partial County funding is recommended to support immediate operational needs to EPIC Community Services, a nonprofit organization, in an amount not to exceed one hundred and three thousand, seven hundred fifty dollars ($103,750.00), for the Recovery Center to provide access to inpatient services for adults with a substance abuse disorder, to the St. Johns County Board of County Commissioners for approval, as attached hereto as **Exhibit 1**; and

WHEREAS, this recommendation is intended to provide temporary financial support and should not be construed as a final recommendation regarding full FY 2026-2027 funding allocations; and

WHEREAS, remaining funding allocations will be re-evaluated once the County has greater clarity regarding available funding and the impact of property tax reform; and

WHEREAS, the Board of County Commissioners has reviewed the terms, provisions, conditions, and requirements of the Agreement; and determined that entering into the agreement serves the best interests of the citizens of St. Johns County

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA:

Section 1. The above recitals are hereby incorporated into the body of this resolution, and are adopted as findings of fact.

Section 2. The Board approves the terms, conditions, and requirements of the Agreement between St. Johns County, Florida and EPIC Community Services, Inc.

Section 3. The Board authorizes the County Administrator, or his designee, to execute the Agreement on behalf of St. Johns County and further authorizes the County Administrator, or designee, to execute any subsequent renewal agreements as provided for in the Agreement.

Section 4. To the extent that there are typographical, administrative, or scrivener's errors that do not change the tone, tenor, or context of this resolution, then this resolution may be revised without further action by the Board of County Commissioners.

Section 5. This resolution shall be effective upon its adoption by the Board.

PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, Florida, this_____day of_____, 2026.

BOARD OF COUNTY COMMISSIONERS
OF ST. JOHNS COUNTY, FLORIDA

By: _____
Clay Murphy, Chair

ATTEST: Brandon J. Patty,

Clerk of the Circuit Court & Comptroller

By: _____
Deputy Clerk

ST. JOHNS COUNTY
FUNDING
AGREEMENT

THIS FUNDING AGREEMENT ("Agreement") is entered into this ____ day of _____, 20__, between St. Johns County (the County), a political subdivision of the state of Florida, and EPIC Community Services, Inc. d/b/a EPIC Behavioral Healthcare (the "Provider"), a Florida not-for-profit corporation.

RECITALS

WHEREAS, each year, the County provides funding to nonprofit agencies that provide health, human, or social services to the residents of St. Johns County; and

WHEREAS, due to ongoing funding uncertainties associated with proposed property tax reform, the County is holding the implementation of the full Fiscal Year 2027 funding recommendations at the direction of the Office of Management and Budget and County Administration; and

WHEREAS, the Provider is a nonprofit agency, and has identified an immediate cash-flow need that may impact continuity of service; and

WHEREAS, in consideration of these circumstances, a short-term contract providing partial County funding is recommended in the amount of **one hundred and three thousand, seven hundred fifty dollars ($103,750.00)** to support immediate operational needs and provide access to inpatient services for adults with a substance use disorder. The purpose of the Recovery Center is to provide medically managed detoxification/withdrawal management services for county residents experiencing withdrawal from drugs and/or alcohol and to provide them with opportunities for ongoing treatment. The goal is to increase access to treatment for adults who have an untreated substance use disorder and need immediate medical and clinical attention in order to withdraw safely from the physiological and psychological effects of their substance use. The focus is on delivering an intensive regimen of clinical services through a multidisciplinary team approach to increase access to substance use services and to prepare individuals for an ongoing life of recovery. Services include, but are not limited to: detoxification; Level 1 residential and outpatient treatment; discharge planning, care coordination, peer support, transportation support, and access to Second Wind Sober Living housing (the Services); and

WHEREAS, the County has determined that providing funding to the Provider to perform activities and Services according to this Agreement and the Provider's intent as stated in the application, will serve a public purpose.

NOW THEREFORE, in consideration of the provisions set forth below, the sufficiency of which is mutually acknowledged, the County and the Provider agree as follows:

1. Incorporation of Recitals. The above recitals are incorporated into the body of this Agreement and are adopted as findings of fact.

2. Duration and Renewal of Agreement. This Agreement shall be effective beginning on October 1, 2026, and ending on December 31, 2026, unless earlier suspended or terminated in accordance with the terms and conditions of the Agreement. If allocated funds are still available, this Agreement may be renewed, at the sole discretion of the County, for one additional one-year term. Renewal of this Agreement shall be contingent upon a determination by the County that the Provider has satisfactorily provided the Services in compliance with the requirements of this Agreement and is capable of providing the Services during the renewal term. However, it is expressly understood that, notwithstanding the foregoing, the County is under no obligation to renew this Agreement and may decline to renew this Agreement for any reason. Should the County choose to renew, such Renewal Agreement document may be executed by the County Administrator, or designee, on behalf of the County as authorized in the Resolution adopting the fiscal year 2026-2027 funding recommendations.

3. Obligations of the County. The County agrees to provide funding to the Provider in an amount not to exceed **one hundred and three thousand, seven hundred fifty dollars ($103,750.00)**. The Provider acknowledges that it is not entitled to the above referenced amount of compensation. Rather, compensation is based on the Provider adhering to the Scope of Services detailed in this Agreement. Compensation is dependent upon satisfactory completion of the program requirements as provided in this Agreement and as intended in the funding application. Payments will be authorized only for services provided during the term of this Agreement and prior to the payment request date.

4. Obligations of the Provider. In consideration for the County providing funding to the Provider as provided in Section 3 above, the Provider agrees to the following:

a. The Provider shall provide the Services to no fewer than **65 unduplicated St. Johns County residents in need of detoxification** for the duration of this Agreement.

b. Funding provided under this Agreement shall be spent in accordance with the approved budget and required reports listed below as Exhibits 1- 4, and attached hereto and incorporated by reference into this Agreement.

i. **Exhibit 1 – Payment Request**: due monthly and must be received by the 15th of the following month. Must be based on actual budgeted expenditures during the reporting period. Payment will be made upon receipt and approval by the County of a completed, signed payment request. **Payment Requests received past the 15th of the month following actual budgeted expenditures may not be honored by the County.**

ii. **Exhibit 1B – Monthly Program Expenditure Report with Narrative:** due with monthly Payment Request by the 15th of the following month. Must be based on actual budgeted expenditures during the reporting period. **Narrative must be completed for each budgeted line item expenditure, including administrative costs.**

iii. **Exhibit 2 – Program Demographic Report:** due quarterly on the 15th day following the end of the quarter (January 15, 2027).

iv. **Exhibit 3 – Performance Outcome Report:** due quarterly on the 15th day following the end of the quarter (January 15, 2027).

v. **Exhibit 4 – Annual Program Budget vs Expenditure Summary:** due annually on the 20th day following the end of the contract (January 20,2027).

vi. Exhibits shall be delivered either by hand, mail, or email
to: HHS Contract Coordinator
200 San Sebastian View, Suite
2300 St. Augustine, FL 32084
Email: ktanner@sjcfl.us

c. An appropriate representative of the Provider shall attend the Health and Human Services Advisory Council ("HHS Advisory Council" or "Council") meetings, which are held at 4:00 p.m. on the third Thursday of each month at the HHS Building, located at 200 San Sebastian View, St. Augustine, FL 32084. The designated representative shall be prepared to provide an oral report on behalf of the Provider regarding the progress of this Agreement. If a representative of the Provider is not able to attend an HHS Advisory Council meeting for any reason, the Provider's contact person listed in this Agreement must provide notice via email to the HHS Contract Coordinator. In addition, the Provider shall be required to present its Performance Outcomes Report to the HHS Advisory Council at the Council's request but a minimum of at least once during the term of this Agreement and at least once during any renewal term. The County will collaborate with the Provider to determine a suitable meeting date for the annual presentation.

d. The Provider will be issued a user license for the web-based, grant research subscription service, eCivis, to research and apply for grants appropriate for the services provided by the Provider. The Provider will conduct grant research no less than once per month through eCivis and actively pursue other funding sources. The Provider will apply for no less than one grant per fiscal year and provide proof of application submittal (from awarding agency) to the HHS contract coordinator.

Should the County provide any grant writing, grant management, or capacity building trainings in FY27, no less than one staff member of the Provider will be required to attend. The Provider will be notified by the HHS contract coordinator of any training opportunities.

e. In the event of a declaration of a Local State of Emergency, or any event in which the County finds it necessary to activate its Comprehensive Emergency Management Plan (CEMP), the Provider, as a local agency that provides services to vulnerable residents of the community, will support the County's emergency response activities (if requested) by providing staff or trained volunteer support on site at any emergency shelter opened by the County in response to the emergency upon request by the County's Health and Human Services Department or St. Johns County Emergency Management. The Provider will support the community response to the declaration of emergency by ensuring that its staff or trained volunteers are available to assist emergency operations staff in meeting the special needs of this population. Such assistance may include, but is not limited to:

i. Designate a single point of contact and an alternate to serve as emergency operations representatives, and grant these persons authority to directly communicate with the County in an emergency;

ii. The Provider shall notify the HHS Director in writing the names, cell phone numbers, and email addresses of the designated emergency operations representative and backup representative within 15 days of executing this Agreement. Should the emergency operations representatives change, the Provider shall notify the HHS Director in writing within one business day;

iii. Work with the County's Emergency Operations Center and St. Johns County School District in set-up of emergency shelters to determine what the community's needs are and how best to meet those needs;

iv. Remain at the shelter overnight during the storm event; and

v. Upon demobilization of the emergency shelters, work in partnership with the Continuum of Care, SJC Health and Human Services Department, and the Long Term Recovery team to help address the needs of those residents remaining at the Post Impact Shelter, which may include housing.

vi. Staff salaries incurred as a direct result of services provided during a Local State of Emergency at emergency shelters or at the County's EOC are eligible for reimbursement under this Agreement upon submission of a written request for reimbursement by the Provider as provided in Section 4.b above. All expenses must be properly documented by the Provider and verified by County staff. The Provider will not be compensated for any services delivered by trained volunteers.

f. Mandatory use of the Homeless Management Information System (HMIS), administered by the St. Johns County Continuum of Care HMIS Lead Agency, will be implemented for all resulting homeless and/or homeless prevention programs. The only exception to this requirement will apply to domestic violence service providers, who will be required to utilize a comparable database. All other service providers are encouraged to utilize HMIS to capture client data when appropriate.

g. To the extent that the Provider is required to secure or maintain any permits, licenses, or approvals to perform the Services, the Provider, at its sole cost and expense, shall be responsible for securing and maintaining all such permits, licenses, or approvals in accordance with local, state, or federal law for the duration of this Agreement.

If the Provider fails to comply with the requirements of this section, the County may, at its sole option, disallow any or all of the funding provided under this Agreement as provided in Section 6 below.

5. Retention, Auditing, and Review of Records. The Provider shall retain all supporting documentation, statistical records, and any other records necessary to document its expenditures during the term of this Agreement for 5 years from the termination or expiration of this Agreement. If any litigation, claim, negotiation, audit, or other action involving the records is initiated prior to the expiration of the 5-year

period, the records shall be retained for one year after the final resolution of the action.

The Provider authorizes the County to review, inspect, and/or audit its books and records, and interview any clients and employees of the Provider in order to determine whether compliance has been achieved with respect to the provisions of this Agreement. It is specifically noted that the Provider is under no duty to provide access to documentation not related to this Agreement or that is otherwise protected by local, state, or federal law.

Any audit required under this section shall be submitted to the County no later than 180 days following the end of the Provider's fiscal year along with any corrective action plan if applicable. Failure by the Provider to submit the audit within the required time shall result in the withholding of requested payments. In addition, the County may, at its option terminate this Agreement.

6. Disallowance of Funds. If the Provider fails to comply with one or more of the requirements of this Agreement or if, as a result of review, inspection, or audit, the Provider cannot provide documentation of expenses or it is determined that expenses were unallowable, the County may, at its sole option, disallow any or all of the funding provided under this Agreement. The Provider shall refund all disallowed funds to the County. Disallowed funds shall be refunded to the County within 30 days of the Provider's receipt of written notice from the County regarding the overpayment or noncompliance. If the Provider does not timely refund the disallowed funds, the County may charge interest in the amount of 1 percent per month compounded on the outstanding balance beginning 40 days after the date of notice. Disallowed expenses through this funding program include, but are not limited to insurance, audit expenses, fundraising, entertainment, decorative items, client incentives, or food for non-clients.

7. No Commitment of County Funds. This Agreement is neither a general obligation of the County nor is it backed by the full faith and credit of the County. Although the County will make all reasonable efforts to provide grant funds, the County makes no express commitment to provide such funds in any given County fiscal year. Pursuant to the requirements of Section 129.07, Florida Statutes, payment of each grant payment is subject to specific annual appropriations by the St. Johns County Board of County Commissioners sufficient to pay the grant payments during that County fiscal year. It is expressly acknowledged that the Provider cannot demand that the County appropriate or provide any such funds in any given County fiscal year.

8. Notices. All official notices to the County concerning this contract shall be delivered either by hand (receipt of delivery required) or by certified mail to:

Shawna Novak
Director of Health and Human
Services 200 San Sebastian View,
Suite 2300
St. Augustine, FL 32084

All official notices to the Provider shall be delivered either by hand (receipt of delivery required) or by certified mail to:

Nangela Pulsfus, CEO
3910 Lewis Speedway, Suite 1106
St. Augustine, FL 32084

An official notice is any notice or other communication required pursuant to paragraphs 4, 5, 6, and 21 of this Agreement. All other correspondence not classified as official notices may be delivered by any means acceptable to both parties, including faxing or emailing. It is expressly acknowledged by both parties that text messaging is not an acceptable means of correspondence under this Agreement.

9. Relationship of the County and the Provider. This Agreement shall not be deemed to create any agency relationship, partnership, association, or joint venture between the County and the Provider.

10. Use of County Logo. Pursuant to St. Johns County Ordinance 1992-2 and St. Johns County Administrative Policy 101.3, the Provider may not manufacture, display, or otherwise use the St. Johns County Seal/Logo or any facsimile or reproduction thereof without the express written approval of the Board of County Commissioners.

11. Authority to Practice. The Provider warrants that it has, and will continue to maintain all licenses and approvals required to conduct its business and the scope of services provided in this Agreement. The Provider further warrants that it will at all times conduct its business activities in a reputable manner.

12. Compliance with Applicable Laws and Regulations. Both the Provider and the County shall comply with all applicable local, state, and federal laws and regulations in their performance under this Agreement. Failure to abide by all applicable local, state, and federal laws and regulations may result in the disallowance of grant funds by the County as provided above in Paragraph 7.

13. Non-Discrimination. The Provider shall comply with the following Equal Opportunity Statement:

"No person shall, on the grounds of race, creed, color, handicap, national origin, sex, age, political affiliation, or beliefs be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole, or in part, with funds made available by St. Johns County."

14. No Conflict of Interest. The Provider represents and warrants to the County that it has not employed or retained any elected official, officer, or employee of the County in order to secure this Agreement. Moreover, the Provider represents and warrants to the County that it has not paid, offered to pay, or agreed to pay any fee, commission, percentage, brokerage, or gift of any kind contingent upon or in connection with securing and executing this Agreement.

15. Non-lobbying. The Provider agrees that funds received from the County under this Agreement shall not be used to lobby any organization, entity, person, or governmental unit in a manner inconsistent with the scope of this Agreement.

16. Access to Records. The access to, disclosure, non-disclosure, or exemption of records, data,

documents, or materials associated with this Agreement shall be subject to the applicable provisions of the Florida's Public Records Law (Chapter 119, Florida Statutes), and other applicable State or Federal law. Access to such public records may not be blocked, thwarted, or hindered by placing the public records in the possession of a third party.

In accordance with Florida law, to the extent that the Provider's performance under this Agreement constitutes an act on behalf of the County, the Provider shall comply with all requirements of Florida's public records law. Specifically, if the Provider is expressly authorized, and acts on behalf of the County under this Agreement, the Provider shall:

a. Keep and maintain public records that ordinarily and necessarily would be required by the County in order to perform the Services;

b. Upon request from the County's custodian of public records, provide the County with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost as provided in Chapter 119, Florida Statutes, or as otherwise provided by law;

c. Ensure that public records related to this Agreement that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by applicable law for the duration of this Agreement and following completion of this Agreement if the Provider does not transfer the records to the County; and

d. Upon completion of this Agreement, transfer, at no cost, to the County all public records in possession of the Provider or keep and maintain public records required by the County to perform the Services.

If the Provider transfers all public records to the County upon completion of this Agreement, the subrecipient shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Provider keeps and maintains public records upon completion of this Agreement, the Subrecipient shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the County, upon request from the County's custodian of public records, in a format that is compatible with the County's information technology systems.

Failure by the Provider to comply with the requirements of this section shall be grounds for immediate, unilateral termination of this Agreement by the County.

IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT (904) 209-0805, PUBLICRECORDS@SJCFL.US, OR 500 SAN SEBASTIAN VIEW, ST. AUGUSTINE, FL 32084.

17. **Effect of Failure to Insist on Strict Compliance.** The failure of either party to insist on strict

compliance with any provision of this Agreement shall not be construed as a waiver of such provision on any subsequent occasion.

18. Indemnification. The Provider shall indemnify, defend, and hold the County and its employees and agents in both their individual and official capacity harmless from any liabilities, claims, damages, and expenses, including attorney's fees and litigation costs, arising directly or indirectly out of any negligent, reckless, or intentional act or omission of the Provider's officers, employees, or agents in connection with this Agreement.

19. Insurance. The Provider shall not commence work under this Agreement until it has obtained all required insurance as set forth in Exhibit A to this Agreement and such insurance has been approved by the County. The Provider shall furnish certificates of insurance to the County naming the County as an additional insured. Each certificate shall clearly indicate that the Provider has obtained insurance of the type, amount, and classification as required by this Agreement and that no material change or cancellation of the insurance shall be effective without 30 days' prior written notice to the County. A copy of the endorsement shall accompany the certificate. The Provider shall not be required to name the County as an additional insured for workers' compensation or professional liability insurance. Compliance with the foregoing requirements shall not relieve the Provider of any liability or obligation under this Agreement.

Certificate Holder Address: St. Johns County, a political subdivision of the state of Florida
500 San Sebastian View
St. Augustine, FL 32084

20. Force Majeure. Neither party shall be held to be in non-compliance with this Agreement, or suffer any enforcement or penalty relating to this Agreement, where such non-compliance occurs as the result of a force majeure event. For the purposes of this section, a force majeure event is defined as an event beyond the control and without the fault or negligence of the affected party which could not have been prevented through the exercise of reasonable diligence, including natural disaster (including hurricane, flood, or other acts of nature), strike, riot, war, terrorism or threat of terrorism, or other event that is reasonably beyond either party's ability to anticipate or control. When there is an event of force majeure, the affected party shall immediately notify the other party in writing giving the full particulars of the event of force majeure. The affected party must use reasonable efforts to mitigate the effect of the event of force majeure upon its performance under this Agreement. Upon completion of the event of force majeure, the affected party shall resume its performance under this Agreement as soon as reasonably practicable. If, due to an event of force majeure, the Provider is unable to complete the scope of services within the term of this Agreement, the term of this Agreement may be extended for an amount of time not to exceed the length of the event of force majeure.

21. Assignment. In light of the scope and rationale for this Agreement, neither party may assign or transfer any of the rights associated with this Agreement without the express written consent of the other party. Should either party attempt to assign or transfer any of the rights associated with this Agreement without such written consent, this Agreement shall automatically terminate without further notice or action required on the part of the other party.

22. Amendments. Both parties acknowledge that this Agreement constitutes the complete

understanding between the parties. Any modification to this Agreement shall be in writing and executed by the duly authorized representatives of each party.

23. Governing Law and Venue. This Agreement shall be construed according to the laws of Florida. Venue for any administrative or legal action arising in connection with this Agreement shall lie exclusively in St. Johns County, Florida.

24. Severability. If any portion of this Agreement, or the application thereof to any person or circumstance, is determined by a court of competent jurisdiction to be void, invalid, or otherwise unenforceable for any reason, such portion or application shall be severable. The remaining portions of this Agreement, and all applications thereof, not having been declared void, invalid, or otherwise unenforceable, shall remain in effect.

25. Merger. This Agreement constitutes the entire agreement and understanding between the parties as to the matters addressed herein. This Agreement supersedes all prior and contemporaneous agreements, understandings, representations, and warranties, whether oral or written, relating to such matters.

26. Execution in Counterparts. This Agreement may be executed in counterparts, each of which shall be deemed to be an original, and all of which together shall constitute the same agreement.

ST. JOHNS COUNTY
FUNDING AGREEMENT
Signature Page

IN WITNESS WHEREOF, the parties have executed this agreement as of the date set forth below. The agreement is effective October 1, 2026, as stated in Section 2 of the agreement.

ATTEST: Brandon J. Patty,
Clerk of the Circuit Court and Comptroller

By: _____
Deputy Clerk

_____
Date

BOARD OF COUNTY COMMISSIONERS
OF ST. JOHNS COUNTY, FLORIDA

By: _____
County Administrator or Designee

_____
Date

EPIC COMMUNITY SERVICES, INC.
d/b/a EPIC BEHAVIORAL
HEALTHCARE

By: _____
Provider Signature

_____
Provider Name and Title (print)

Date

EXHIBIT A

Insurance Requirements

Insurance

The Provider shall not commence work under this Agreement until it has obtained all insurance required under this section and such insurance has been approved by the County. All insurance policies shall be issued by companies authorized to do business under the laws of the State of Florida. The Provider shall furnish proof of Insurance to the County prior to the commencement of operations. The Certificate(s) shall clearly indicate the Provider has obtained insurance of the type, amount, and classification as required by contract and that no material change or cancellation of the insurance shall be effective without thirty (30) days prior written notice to the County. Certificates shall specifically include the County as Additional Insured for all lines of coverage except Workers' Compensation and Professional Liability. A copy of the endorsement must accompany the certificate. Compliance with the foregoing requirements shall not relieve the Provider of its liability and obligations under this Agreement.

Certificate Holder Address: St. Johns County, a political subdivision of the State of Florida
500 San Sebastian View
St. Augustine, FL 32084

The Provider shall maintain during the life of this Agreement, Comprehensive General Liability Insurance with minimum limits of $1,000,000 per occurrence, $2,000,000 aggregate, to protect the Provider from claims for damages for bodily injury, including wrongful death, as well as from claims of property damages which may arise from any operations under this contract, whether such operations be by the Provider or by anyone directly employed by or contracting with the Provider.

The Provider shall maintain during the life of the contract, Professional Liability or Errors and Omissions Insurance with minimum limits of $1,000,000, if applicable.

The Provider shall maintain during the life of this Agreement, Comprehensive Automobile Liability Insurance with minimum limits of $300,000 combined single limit for bodily injury and property damage liability to protect the Provider from claims for damages for bodily injury, including the ownership, use, or maintenance of owned and non-owned automobiles, including rented/hired automobiles whether such operations be by the Provider or by anyone directly or indirectly employed by the Provider.

The Provider shall maintain during the life of this Agreement, adequate Workers' Compensation Insurance in at least such amounts as required by the law for all of its employees.

EXHIBIT 1
PAYMENT REQUEST
FY27 HHS INDEPENDENT AGENCY FUNDING PROGRAM

Reporting Period: **OCTOBER 2026**

Agency: _____
Address: _____

_____

Phone: _____

Mail to: Katrina Tanner, Contract Coordinator
Health and Human Services
200 San Sebastian View, Suite 2300
St. Augustine, FL 32084

Email to: ktanner@sjcfl.us

Per contract entered into by St. Johns County and **EPIC BEHAVIORAL HEALTH/EPIC RECOVERY CENTER**, this payment request is based on actual budgeted expenses during the reporting period. Attached is Exhibit 1B, the monthly program expenditure report with narrative.

Payment requested for the following month of service: **OCTOBER 2026**

Payment amount requested: _____

Number of clients served this month: _____

I certify that all services on this report have been performed in compliance with applicable statutes and regulations, and in accordance with the approved County contract.

_____
Signature of authorized representative

Date: _____

_____
Agency Contact Person

_____
Contact Person Phone Number

_____
Contact Person Email

For St. Johns County Use Only
Certified by: _____
Date: _____
P.O.: _____
V #: _____
G.L.: _____
Authorized by: _____
Date:

EXHIBIT 1B

Monthly Program Expenditure Report with Narrative

Agency Name: EPIC Behavioral Health

Program Name: EPIC Recovery Center

Reporting Period: OCTOBER 2026

DO NOT COMPLETE SHADED AREAS

EXPENDITURE REPORT *MUST BE BASED ON ACTUAL EXPENDITURES INCURRED DURING REPORTING PERIOD*				
Approved Expenses	**Column 1.** **Approved Program Budget**	**2.** **Monthly Expenditure Amount**	**3.** **Total Expenditures To Date**	**4.** **Budget Remaining**
A. PERSONNEL EXPENSES				
1. Salaries	**$78,122.56**			$78,122.56
2. Fringe Benefits	**$17,186.96**			$17,186.96
A. Subtotal Personnel Expenses	**$95,309.52**	**$0.00**	**$0.00**	**$95,309.52**
B. PROGRAM EXPENSES				
3. Space and Utilities	**$3,500.00**			$3,500.00
4.				
5				
6.				
7.				
8.				
9.				
B. Subtotal Program Expenses	**$3,500.00**	**$0.00**	**$0.00**	**$3,500.00**
C. TOTAL PERSONNEL + PROGRAM EXPENSES (A+B)	**$98,809.52**	**$0.00**	**$0.00**	**$98,809.52**
D. ADMINISTRATIVE COSTS (*must not exceed 5% of C, above. C x 5%*)	**$4,940.48**			**$4,940.48**
E. TOTAL PROGRAM COSTS (C+D=E)	**$103,750.00**	**$0.00**	**$0.00**	**$103,750.00**

EXPENDITURE NARRATIVE - MUST BE BASED ON ACTUAL EXPENDITURES DURING REPORTING PERIOD				
Justification/Narrative must include accurate data for current month - not data for entire fiscal year				
****EXPAND ROWS AS NEEDED****				
EXPENSE		**AMOUNT**	**JUSTIFICATION / NARRATIVE**	
A. PERSONNEL EXPENSES				
1.	Salaries	$78,122.56		**Medical Staff to include:**
			$ 3,000.00	Managing Clinical Director
			$ 21,000.00	APRNs
			$ 29,772.55	Direct Care RN/LPNs
			$ 9,000.00	Behavioral Health Technicians
				Clinical Staff to include:
			$ 2,000.01	Licensed Therapist
			$ 1,200.00	Care Coordinator
			$ 1,200.00	Admissions Specialist
			$ 3,000.00	Peer Recovery Support Specialist
			$ 1,200.00	Patient Care Specialist

EXHIBIT 1B
Monthly Program Expenditure Report with Narrative
Agency Name: EPIC Behavioral Health
Program Name: EPIC Recovery Center
Reporting Period: OCTOBER 2026

					Facility staff to include:
			$	3,000.00	Food Service
			$	1,500.00	Housekeeper
			$	2,250.00	Facility Maintenance
2.	Fringe Benefits	$17,186.96	$	5,976.38	FICA 7.65%
			$	195.30	Unemployment 0.25%
			$	2,749.92	Workers' Compensation 3.52%
			$	5,726.37	Health 7.33%
			$	195.30	Life Insurance 0.25%
			$	2,343.69	Retirement 3.00%
A. Subtotal Personnel Expenses		**$95,309.52**			
B. PROGRAM EXPENSES					
3.	Space and Utilities	$3,500.00	$	3,500.00	Maintenance (lawn care, pest control
4.			$	-	Utilities
5			$	-	Security
6.					
7.					
8.					
9.					
B. Subtotal Program Expenses		**$3,500.00**			
C. TOTAL PERSONNEL + PROGRAM EXPENSES (A+B)		**$98,809.52**			
D. ADMINISTRATIVE COSTS (*must not exceed 5% of C, above. C x 5%*)		**$4,940.48**		$4,940.48	A portion of CEO, CAO, Director of Finance, Director of Operations, Accountant, and Fiscal Clerk salaries. These personnel provide program oversight, ensure compliance, perform human resource functions, manage data and reporting, invoicing, and file maintenance.
E. TOTAL PROGRAM COSTS (C+D=E)		**$103,750.00**			

EXHIBIT 2

DEMOGRAPHICS OF CLIENTS SERVED IN PROGRAM

Agency Name: **Enter Agency Name**

Program Name: **Enter Program Name**

UNDUPLICATED CLIENT CHARACTERISTICS

Provide demographic information for individuals served during the reporting period. Information provided should be specific to the project/program funded by the FY27 HHS Independent Agency Funding Program.

REPORTING PERIOD: Mark an X next to the appropriate reporting period below.		
October 1, 2026 - December 31, 2026	**Total # of clients served during this quarter:**	**Enter # of clients served here**
January 1, 2027 - March 31, 2027		
April 1, 2027 - June 30, 2027		
July 1, 2027 - September 30, 2027		

AGE GROUP: Enter the number of clients served during the reporting period for each age group below.				
Under 5 years	5 - 12 years	13 - 17 years	18 - 24 years	25 - 34 years
35 - 59 years	60 - 64 years	65 & over	**Total # of clients served: 0**	

GENDER: For each gender group below indicate the number of clients served during the reporting period.			
Female	Male	Other	Decline to Answer
Total # of clients served:			**0**

RACE & ETHNICITY: For each race or ethnic group below indicate the number of clients served during the reporting period.			
American Indian/Native American	Asian	Black and/or African American	
Native Hawaiian/Pacific Islander	White/Caucasian	Multi-Racial	Hispanic/Latino
Decline to Answer/Unknown	**Total # of clients served:**	**0**	

LEGAL RESIDENCE AT REFERRAL: Indicate the number of clients served from SJC zip codes listed below.				
32033	32080	32081	32082	32084
32086	32092	32095	32145	32259
HOMELESS	**Total # of clients served:**		**0**	

ANNUAL INCOME: For each income group below, indicate the number of clients served by the program.		
$0-$20,600 Annually	$38,626-45,063 Annually	
$20,601-25,750 Annually	$45,064-$51,500 Annually	
$25,751-$32,188 Annually	Over $51,500 Annually	
$32,189-38,625 Annually	**Total**	**0**

If your agency was not able to collect any of the requested demographic information, please use the space below to explain why.

EXHIBIT 3

Performance Outcomes Report

Agency Name: EPIC Behavioral Health

Program Name: EPIC Recovery Center

Reporting Period: OCTOBER 2026 - DECEMBER 2026

Complete blue filled cells

Activities **The methods of service delivery carried out by the program/staff**	**Outcomes** **The benefits for program participants during or after their involvement with a program**	**FY27 Indicators** **The specific, measureable information that will be collected to track success of an outcome over the course of FY27.**	**Quarterly & YTD Impact** **The specific, measureable information collected and reported on a quarterly and YTD basis.**	**Data Source(s) and Data Collection Method** **The tool(s) used to collect data needed to measure achievement and description of how the agency will obtain the data from the source(s).**	**Formula** **The equation used to report Quarterly & YTD Impacts, showing actual data *include actual numbers where # symbol or ___ is shown**	**Unmet Service** **List services that your agency was not able to provide due to lack of funding, staff, etc.**
Treatment of substance use disorders clients within IP Detoxification Program	Substance impaired adults in need of detoxification services will receive the treatment required to be medically stable	**70%** of detoxification patients will remain on the unit until medically stable and not leave against medical advice (AMA)	__% of detoxification patients remained on the unit until medically stable and did not leave against medical advice (AMA) this quarter	Electronic Health Record (EHR), AMA Rates tracked through client data	# of detox patients who did not leave AMA / # of detox patients	
Treatment of substance use disorders clients within IP Residential Program	Individuals seeking the need of Residential Servies will successfully complete the program without an incomplete treatment episode (ITE)	**80%** of Residential patients will remain within the program until completing their treatment episode	__% of Residential patients remained within the program until completing their treatment episode this quarter	Electronic Health Record (EHR), ITE Rates tracked through client data	# of Residential patients who completed the program without an ITE / # of Residential patients	
Treatment of substance use disorders clients within IP Residential Program	Adults successfully completing residential treatment will acquire coping strategies to maintain recovery and not return to the treatment facility for one year	**45%** of residential facility patients who successfully complete their treatment episode will not return to facility for inpatient treatment within 12 months following service	__% of residential patients who successfully completed their treatment did not return to facility for detoxification within 12 months following service.	Electronic Health Record (EHR), enrollment data, care coordination and recovery plan	# of residential patients who completed treatment and did not return to detox facility within 12 months / # of residential patients who successfully completed treatment	
Treatment of substance use disorders clients within IP Detoxification Program	Adults successfully completing detoxification treatment will be admitted expediently into the next level of care (residential treatment, sober living, MAT, etc.)	**40%** of detoxification patients who successfully complete their treatment episode will transition into the next level of care within 14 days of discharge	___% of detox patients who successfully completed their treatment episode transitioned into the next level of care within 14 days of discharge this quarter	Electronic Health Record (EHR), discharge plan; discharge database report	# of individuals receiving next level of care within 14 days of discharge / # of individuals completing detoxification treatment	
Treatment of substance use disorders clients within IP Detoxification Program	Substance impaired adults in need of detoxification services will receive the treatment required to be medically stable	Admit **65** St. Johns County residents to the EPIC Recovery Center for treatment of substance use disorders during this contract period	___ individuals served in the EPIC Recovery Center for treatment of substance use disorders this quarter	Electronic Health Record (EHR), enrollment data	EPIC Recovery Center Detox Participants served this quarter: Month 1:_____ Month 2:_____ Month 3:_____ Total:_____	

EXHIBIT 3

Performance Outcomes Report

Agency Name: EPIC Behavioral Health

Program Name: EPIC Recovery Center

Reporting Period: OCTOBER 2026 - DECEMBER 2026

Complete blue filled cells

Activities **The methods of service delivery carried out by the program/staff**	**Outcomes** **The benefits for program participants during or after their involvement with a program**	**FY27 Indicators** **The specific, measureable information that will be collected to track success of an outcome over the course of FY27.**	**Quarterly & YTD Impact** **The specific, measureable information collected and reported on a quarterly and YTD basis.**	**Data Source(s) and Data Collection Method** **The tool(s) used to collect data needed to measure achievement and description of how the agency will obtain the data from the source(s).**	**Formula** **The equation used to report Quarterly & YTD Impacts, showing actual data *include actual numbers where # symbol or ___ is shown**	**Unmet Service** **List services that your agency was not able to provide due to lack of funding, staff, etc.**
Treatment of substance use disorders	Provide detox and residential treatment services at highest possible capacity level	Maintain detox and residental treatment capacity at **70%** utilization or higher	__% of utilization of detox and residential treatment services this quarter	Electronic Health Record (EHR), enrollment data	# of detox and residential treatment services provided / # of detox and residential treatment services available	

EXHIBIT 4

Annual Program Budget vs. Expenditure Summary

Agency Name

Program Name

Fiscal Year: 2026-2027

Revenue		
SJC		
Total Revenue		0.00

*** Only complete the green fields**

Program Expenses	Total Program Budget	Total Program Expenses	Balance	SJC Budget	SJC Expenses	Balance
Personnel						
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
Personnel Subtotal	**0.00**	**0.00**	0.00	0.00	0.00	0.00
Other						
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
Other Subtotal	**0.00**	**0.00**	0.00	**0.00**	**0.00**	**0.00**
Total	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

*** Only complete the green fields**