



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2997

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

4. **Project/Program Description**

The funds will be used to help expand access to care from First Step of Sarasota to better serve the community. These funds will provide immediate access to this Central Receiving Facility (CRF) to provide 24/7 psychiatric care and emergency crisis support. By having these services available, it will reduce the risk of substance use, suicide and homicide, criminal activity and ultimately assist reaching the goal to decrease and relieve the overuse of local emergency services, law enforcement, emergency rooms and other community resources which will result in a reduced burden to taxpayers. This will continue to support First Step of Sarasota's "No Wrong Door" philosophy.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. **Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	1,484,914
Fixed Capital Outlay	0
Total State Funds Requested	1,484,914

7. **Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,484,914	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	1,484,914	100%

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	1,675,180	372	No

9. **Is future funding likely to be requested?**
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**
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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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If yes, indicate the amount of funds received and what the funds were used for.

Approximately \$3.1 million was received in 2020 related to the Payroll Protection Program. These funds were used to pay salaries for approximately 10 weeks.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

☐ Planning ☐ Design ☐ Construction

b. Is the project "shovel ready" (i.e. permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits	Director of CRF: 1 FTE; \$91,980.00 Techs (Info/Referral): 4.2 FTE; \$187,125.12 Clinicians: 4.2 FTE; \$220,147.20 Peer Specialists: 4.2 FTE; \$198,132.48 Registered Nurses: 4.2 FTE; \$440,294.40 Case Managers: 2 FTE; \$104,832.00 Practitioner: 0.5 FTE; \$78,624.00 Sr. Director: 0.15 FTE; \$25,200.00 COO: 0.15 FTE; \$22,302.00	1,368,637
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Vehicle Maintenance/Travel--\$6,000.00 Transports--\$8,100.00 Pharmacy--\$6,000.00 Supplies--\$3,000.00 Occupancy--\$9,000.00 Insurance--\$10,000.00 Equipment--\$6,000.00	48,100
Consultants/Contracted Services/Study	Contracted Physician --\$65,000.00 Study--\$3,177.00	68,177
Fixed Capital Construction/Major Renovation:		



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Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,484,914

14. Program Performance

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

To continue to provide immediate 24 hour access to an under served and vulnerable population while relieving the community systems that get overused in terms of hospital and ER services, law enforcement and EMS. This will support our "No Wrong Door" philosophy and will expand the capacity to serve people in inpatient and outpatient services, relieving the burden of emergency county support systems.

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

- 24/7 Crisis emergency support
- Emergency psychiatric services
- Connections to community resources
- Connection to receiving facility services

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

- Psychiatric Care
- Counseling
- Detox
- Crisis Support
- Outpatient Support
- Trauma Informed Care
- Treatment
- Case Management
- Medication Assistance

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

Persons in Sarasota County who suffer from mental health and substance use disorders; individuals experiencing a behavioral health crisis. It is anticipated the program will serve 2,500 individuals per year.

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

Co-locating emergency psychiatric and substance abuse acute care services will better serve the community through the "No Wrong Door" approach to care, provide immediate access to services 24/7, and relieve the over-utilization of community emergency services resources (such as emergency medical services, law enforcement, and emergency room departments).

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?

Corrective Action Plan would be completed with mandatory deadlines.

15. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

16. Recipient Contact Information



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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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number