

LFIR # 2155

1. Project Title	First Step of Florida24 Hour Intake Access Center Services							
2. Senate Sponsor	Joe Gruters							
3. Date of Request	01/06/2022							
4. Project/Program D	escription							
providing a full conti relieve the over-utilize	nuum of care at one	location. Co-loc ources, resulting	ating our (in a reduc	Crisis Stabiliza ed burden to	ation Unit (CSU) an taxpayers. The proj	erve the community by d Detox programs will ect will help support our s.		
5. State Agency to re	ceive requested fur	nds Depart	ment of C	hildren and F	amilies			
State Agency conta	acted? No							
6. Amount of the Non	recurring Request	for Fiscal Year	2022-2023	i				
Type of Funding				Amo	unt			
Operations					1,675,180			
Fixed Capital Outlay	1				0			
Total State Funds	Requested				1,675,180			
7. Total Project Cost f	or Fiscal Year 2022	2-2023 (includin	g matchii	g funds ava	ilable for this proj	ect)		
Type of Funding			Am	ount	Percentage			
	equested (from ques	stion #6)		1,675,180	100%			
Matching Funds								
Federal Control of the control of th				0	0%			
State (excluding the amount of this request)				0	0%			
Local				0	0%			
Other				0	0%			
Total Project Costs	s for Fiscal Year 20	22-2023		1,675,180	100%	ı		
8. Has this project pr	eviously received s	state funding?	No					
Fiscal Year	Amount		S	pecific	Vetoed			
(уууу-уу)	Recurring	Nonrecurring	Appr	priation #				
9. Is future funding li	kely to be requeste	d?	Yes					
a. If yes, indicate nonrecurring amount per year.			1.700.0	1,700,000				
	urce of funding tha							
Community donation	ons.							
		4 ************************	adoral sa	olotones rela	ated to the COVID	10 nandomica		
10. Has the entity req	uesting this projec	t received any 1	ederai as	sistance rela	ited to the COVID-	19 pandemic?		
Yes								
If yes, indicate the	amount of funds re	eceived and wh	at the fur	ds were use	d for.			



LFIR # 2155

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

11. 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	Administrative costs (14%)	205,860		
Expense/Equipment/Travel/Supplies/Other		0		
Consultants/Contracted Services/Study		0		
Operational Costs: Other				
Salary and Benefits	Counselors (10.3 FTE) \$434,408; Nurses (4.7 FTE) \$390,893; Techs (4.7 FTE) \$166,638; Director of Access Center \$70,000; Plus fringe benefits at 26% \$276,104	1,338,043		
Expense/Equipment/Travel/Supplies/ Other	Vehicle \$40,000; Maintenance/Fuel \$6,000; Transports (avg 5 per month) \$8,100; Pharmacy \$6,000; Supplies \$3,000	63,100		
Consultants/Contracted Services/Study	Contract Physician/On-call \$65,000; Study \$3,177	68,177		
Fixed Capital Construction/Majo	r Renovation:			
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (must equal total from question #6) 1,67				

12. Program Performance

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

The funds will help expand access to care and grant us the ability to better serve the community by providing a full continuum of care at one location. Collocating our Crisis Stabilization Unit (CSU) and Detox programs will relieve the overutilization of county resources, resulting in a reduced burden to the tax payers. The project will help support our "No Wrong Door" philosophy by providing crisis triage, assessment, and 24 hour access to services.

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

One centralized location for crisis support and substance abuse/detox assessment services. This location will provide 24/7 assessment services for anyone with substance or mental health problems. Individual's will have access to nursing and crisis services.

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

This funding will provide direct 24/7 centralized access to mental health and substance use assessment, stabilization, detox and treatment for our citizens. The services will also serve to reduce the need for inpatient admissions while reducing the burden on local law enforcement and emergency services.

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

Individuals who suffer from mental health and substance abuse disorders. Individuals experiencing a behavioral health crisis. We anticipate to serve 2500 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?



LFIR # 2155

Reduce the need for emergency services and law enforcement transport between two separate locations. Access center case managers will assess and refer to case management, vocational and housing services. The clients be able to use learned skills to become economically self-sufficient.

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?

Stan	dard	pena	lties
Otari	uaru	pena	เนษง.

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.

There are no owners. The entity is a non-profit organization, 501 (c) (3). They operate with a Board and President/CEO.



LFIR # 2155

14.	14. Requestor Contact Information						
	a. First Name Shawny			Last Name	Robey		
	b. Organization	First Step of Sarasota					
	c. E-mail Address	srobey@fsos.org					
	d. Phone Number	(941)366-5333 Ext.					
15.	15. Recipient Contact Information						
	a. Organization	First Step of Sarasota					
	b. Municipality and	d County	Sarasota				
	c. Organization Type						
	□For Profit Entity	□For Profit Entity					
	☑Non Profit 501(c	Non Profit 501(c)(3)					
	□Non Profit 501(c)(4)						
	□Local Entity						
	□University or College						
	□Other (please specify)						
	d. First Name	Shawny		Last Name	Robey		
	e. E-mail Address	srobey@fsos.org					
	f. Phone Number						
16.	16. Lobbyist Contact Information						
	a. Name	Sara S. Clements					
	b. Firm Name	McGuireWoods Consulting LLC					
	c. E-mail Address	sclements@mwcllc.com					
	d. Phone Number	(850)727-5000					