

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

**LFIR # 2631** 

1.	Project Title	STEPS Womens	Residenti	al, Integra	ated Treatment Servi	ces		
2.	Senate Sponsor	Dennis Baxley						
3.	Date of Request	12/18/2023						
4.	Project/Program Des	scription						
	The opioid epidemic community. Parental someone of women what Integrated Treatment providing level II resid Opioid addiction and I Central Florida. The risincidence including Helack of affordability, we	substance use is the odie within a year Services (ITS) will lential treatment be HIV prevention/treatise in opioid use colv and the top five	ne number of having provide aceds, coord atment for ombined woobstacles	one cause a baby is ccess to a ination wi women with injecti	se for removal of child also a public health a safe efficient and co th Child Welfare, Me who are pregnant, pos on drug use is fueling	dren under the age concern. STEPS Vost-effective substadication Assisted Tet-partum and/or was increase in info	of five years old. The Vomens Residential, ance use treatment by reatment (MAT) for omen with children in ectious disease	
5.	State Agency to rece	eive requested fur	nds	Departme	ent of Children and Fa	amilies		
	State Agency contac Amount of the Nonre		for Fiscal	Year 202	24-2025			
	Type of Funding				Amo	unt		
	Operations					500,000	_	
	Fixed Capital Outlay				0			
	Total State Funds Re	equested				500,000		
7.	Total State Funds Re	•	1-2025 (ind	cluding r		500,000 ilable for this proj	-	
7.	Total State Funds Re Total Project Cost for Type of Funding	r Fiscal Year 2024	·	cluding r	Amount	500,000 ilable for this proj Percentage	ect)	
7.	Total State Funds Re Total Project Cost for Type of Funding Total State Funds Re	r Fiscal Year 2024	·	cluding r		500,000 ilable for this proj	ect)	
7. '	Total State Funds Record Total Project Cost for Type of Funding Total State Funds Record Matching Funds	r Fiscal Year 2024	·	cluding r	Amount 500,000	500,000 ilable for this proj Percentage 100%	ect)	
7.	Total State Funds Ref Total Project Cost for Type of Funding Total State Funds Ref Matching Funds Federal	r Fiscal Year 2024 quested (from ques	stion #6)	cluding r	Amount 500,000	500,000 ilable for this proj Percentage 100%	ect)	
7. <sup>·</sup>	Total State Funds Ref  Total Project Cost for  Type of Funding  Total State Funds Ref  Matching Funds  Federal  State (excluding the a	r Fiscal Year 2024 quested (from ques	stion #6)	cluding r	Amount 500,000	500,000 ilable for this proj Percentage 100% 0%	ect)	
7.	Total State Funds Record Type of Funding Total State Funds Record Matching Funds Federal State (excluding the all Local	r Fiscal Year 2024 quested (from ques	stion #6)	cluding r	Amount 500,000 0 0	500,000 ilable for this proj Percentage 100% 0% 0%	ect)	
<b>7.</b> '	Total State Funds Ref  Total Project Cost for  Type of Funding  Total State Funds Ref  Matching Funds  Federal  State (excluding the a	r Fiscal Year 2024 quested (from ques	est)	cluding r	Amount 500,000	500,000 ilable for this proj Percentage 100% 0%	ect)	
	Total State Funds Ref  Total Project Cost for  Type of Funding  Total State Funds Ref  Matching Funds  Federal  State (excluding the a Local  Other	quested (from questimount of this requirements of the requirements	est)		Amount 500,000 0 0 0	500,000 ilable for this proj Percentage 100% 0% 0% 0%	ect)	
	Total State Funds Ref Total Project Cost for Type of Funding Total State Funds Ref Matching Funds Federal State (excluding the a Local Other Total Project Costs for Has this project prev Fiscal Year	quested (from questimount of this requirement) for Fiscal Year 202 riously received s	est)  24-2025 state fund	ing?	Amount 500,000  0 0 0 500,000  Yes  Specific	500,000 ilable for this proj Percentage 100% 0% 0% 0%	ect)	
8.	Total State Funds Ref  Total Project Cost for  Type of Funding  Total State Funds Ref  Matching Funds  Federal  State (excluding the allocal)  Other  Total Project Costs for  Has this project prev  Fiscal Year  (уууу-уу)	r Fiscal Year 2024 quested (from quested) mount of this required for Fiscal Year 202 viously received s Amo Recurring	est)  24-2025  state fund	ing?	Amount 500,000  0 0 0 500,000  Yes  Specific Appropriation #	500,000 ilable for this proj Percentage 100% 0% 0% 0% 100%	ect)	
8.	Total State Funds Ref Total Project Cost for Type of Funding Total State Funds Ref Matching Funds Federal State (excluding the a Local Other Total Project Costs for Has this project prev Fiscal Year	quested (from questimount of this requirement) for Fiscal Year 202 riously received s	est)  24-2025 state fund	ing?	Amount 500,000  0 0 0 500,000  Yes  Specific	500,000 ilable for this proj Percentage 100% 0% 0% 0% 100%	ect)	
8.	Total State Funds Ref  Total Project Cost for  Type of Funding  Total State Funds Ref  Matching Funds  Federal  State (excluding the attack)  Local  Other  Total Project Costs for  Has this project prev  Fiscal Year (yyyy-yy)  2023-24  Is future funding like	quested (from question of this requirement of this requirement of this requirement of the requested of the requeste	est)  24-2025  state fund unt Nonrec	ing? urring 500,000	Amount 500,000  0 0 0 500,000  Yes  Specific Appropriation #	500,000 ilable for this proj Percentage 100% 0% 0% 0% 100%	ect)	
8.	Total State Funds Ref  Total Project Cost for  Type of Funding  Total State Funds Ref  Matching Funds  Federal  State (excluding the allocal  Other  Total Project Costs for  Has this project prev  Fiscal Year (yyyy-yy)  2023-24  Is future funding like all fyes, indicate no	quested (from quested (from quested (from quested (from quested (from quested for Fiscal Year 20)  riously received s  Amo  Recurring  0  ely to be requested amour	est)  24-2025  state fund unt Nonrec  d?  nt per yea	ing?  urring 500,000	Amount 500,000  0 0 0 500,000  Yes  Specific Appropriation # 378	500,000 ilable for this proj Percentage 100% 0% 0% 0% 100%	ect)	
8.	Total State Funds Ref  Total Project Cost for  Type of Funding  Total State Funds Ref  Matching Funds  Federal  State (excluding the attack)  Local  Other  Total Project Costs for  Has this project prev  Fiscal Year (yyyy-yy)  2023-24  Is future funding like	quested (from quested (from quested (from quested (from quested (from quested for Fiscal Year 20)  riously received s  Amo  Recurring  0  ely to be requested amour	est)  24-2025  state fund unt Nonrec  d?  nt per yea	ing?  urring 500,000	Amount 500,000  0 0 0 500,000  Yes  Specific Appropriation # 378	500,000 ilable for this proj Percentage 100% 0% 0% 0% 100%	ect)	



Yes\_

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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 fu		
		as received from HRSA to provide assistance with payroll for atient programs as a result of delayed referrals due to court ams closing during COVID.	
С	omplete questions 11 a	nd 12 for Fixed Capital Outlay Projects	
11	. Status of Construction		
	a. What is the current phase of the	he project?	
	Planning Design	○ Construction ○ N/A	
	b. Is the project "shovel ready" (	i.e permitted)?	
	c. What is the estimated start da	te of construction?	
	d. What is the estimated comple		
12	·	o receive, directly or indirectly, any fixed capital outlay funding. Incl	ude the
13	. Details on how the requested st	·	
13	Spending Category	ate funds will be expended  Description	Amount
13	Spending Category Administrative Costs:	·	Amount
13	Spending Category	·	Amount
13	Spending Category  Administrative Costs:  Executive Director/Project Head Salary and Benefits  Other Salary and Benefits	·	Amount
13	Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits	·	Amount
13	Spending Category  Administrative Costs:  Executive Director/Project Head Salary and Benefits  Other Salary and Benefits  Expense/Equipment/Travel/Supplies/	·	Amount
13	Spending Category  Administrative Costs: Executive Director/Project Head Salary and Benefits Other Salary and Benefits  Expense/Equipment/Travel/Supplies/ Other Consultants/Contracted Services/Study  Operational Costs: Other	·	Amount
13	Spending Category  Administrative Costs:  Executive Director/Project Head Salary and Benefits  Other Salary and Benefits  Expense/Equipment/Travel/Supplies/ Other  Consultants/Contracted Services/Study	·	Amount (1)
13	Spending Category  Administrative Costs: Executive Director/Project Head Salary and Benefits Other Salary and Benefits  Expense/Equipment/Travel/Supplies/ Other Consultants/Contracted Services/Study  Operational Costs: Other	The STEPS Women's Residential Maternal Wrap Around Program (MWRAP) will fund 10 additional residential beds in the existing program. Salaries and benefits are comprised of a portion of staff to provide twenty-four hour a day, seven day a week coverage that includes 11 counselors, 4 techs, 1 dietician, 1 nurse, and the program	
13	Spending Category  Administrative Costs:  Executive Director/Project Head Salary and Benefits  Other Salary and Benefits  Expense/Equipment/Travel/Supplies/ Other  Consultants/Contracted Services/Study  Operational Costs: Other  Salary and Benefits	The STEPS Women's Residential Maternal Wrap Around Program (MWRAP) will fund 10 additional residential beds in the existing program. Salaries and benefits are comprised of a portion of staff to provide twenty-four hour a day, seven day a week coverage that includes 11 counselors, 4 techs, 1 dietician, 1 nurse, and the program director.  Travel and expenses are budgeted for a portion of annual costs of gas, insurance and rent of vehicles to transport patients to and from treatment and scheduled appointments.  Consultants and contracted services include a portion of the cost associated with STEPS contracted medical director who will provide	376,000
13	Spending Category  Administrative Costs:  Executive Director/Project Head Salary and Benefits  Other Salary and Benefits  Expense/Equipment/Travel/Supplies/ Other  Consultants/Contracted Services/Study  Operational Costs: Other  Salary and Benefits  Expense/Equipment/Travel/Supplies/ Other  Consultants/Contracted	The STEPS Women's Residential Maternal Wrap Around Program (MWRAP) will fund 10 additional residential beds in the existing program. Salaries and benefits are comprised of a portion of staff to provide twenty-four hour a day, seven day a week coverage that includes 11 counselors, 4 techs, 1 dietician, 1 nurse, and the program director.  Travel and expenses are budgeted for a portion of annual costs of gas, insurance and rent of vehicles to transport patients to and from treatment and scheduled appointments.  Consultants and contracted services include a portion of the cost associated with STEPS contracted medical director who will provide access to needed medical screenings.	376,000



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Total State Funds Requested (must equal total from question #6)

500,000

### 14. Program Performance

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

The specific goal of the STEPS Womens Residential, Integrated Treatment Services (ITS) is to provide access to a safe efficient and cost-effective level II substance use residential treatment. Coordination with Child Welfare, Courts, Medication Assisted Treatment (MAT) and HIV prevention/treatment for women who are pregnant, post-partum and/or women with children in Central Florida. This program will outstrip stigma and discrimination and reduce immense costs for publicly funded systems.

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

In addition to level II residential treatment beds, Medication Assisted Treatment (MAT), HIV testing and Case Management. All participants will receive a client-centered approach to treatment through an Evidenced Based program that includes group therapy, individual and family counseling to address the specific and unique needs of women including parenting, trauma and health.

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

This project will provide ten (10) level II residential treatment beds, HIV testing, evidenced based group, case management, individual and family counseling, child welfare coordination, transportation to and from treatment as well as all appointments that includes visitation with child(ren) in dependency care, Medication Assisted Treatment (MAT), Medical appointments and job interviews.

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

STEPS expects to serve 20-25 women pregnant or post-partum, or with children, who have a substance use disorder and/or are at risk of living with HIV in Central Florida.

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

The expected benefits of the STEPS Womens Residential, Integrated Treatment Services (ITS) Program is to take a client-centered approach to providing access to a safe efficient and cost-effective level II residential substance use treatment. Coordination with Child Welfare, Courts, offer Medication Assisted Treatment (MAT) and HIV prevention/treatment for women who are pregnant, post-partum and/or women with children in Central Florida. This program will outstrip stigma and discrimination and reduce immense costs for publicly funded systems.

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?

Additional penalties the contracting agency may consider for failing to meet deliverables or performance measures provided for in the contract may include: No payment of funds to agency as a result of not admitting clients within sixty (60) days of funding being made available; or No payment of funds to the agency if identified beds are vacant more than thirty (30) days.

### 15. Requester Contact Information

a. First Name	Cheryl	<b>Last Name</b>	Bello
b. Organization	Specialized Treatment Ed (STEPS)	ucation and	Prevention Services, Inc.
c. E-mail Address	Cheryl.Bello@flsteps.org		
d. Phone Number	(407)879-1201	Ext.	

## 16. Recipient Contact Information



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a. Organization		ed Treatment Ed n Services, Inc. (						
b. Municipality and County Orange					]			
c. Organization Type								
□For Profit Entity								
☑Non Profit 501(	☑Non Profit 501(c)(3)							
□Non Profit 501(d	□Non Profit 501(c)(4) □Local Entity							
□Local Entity								
□University or Co	□University or College							
□Other (please s	□Other (please specify)							
d. First Name	Cheryl		Last Name	Bello				
e. E-mail Address	e. E-mail Address Cheryl.Bello@flsteps.org							
f. Phone Number	f. Phone Number (407)879-1201							
17. Lobbyist Contact Information								
a. Name	Christopher T. Dawson							
b. Firm Name	b. Firm Name GrayRobinson PA c. E-mail Address chris.dawson@gray-robinson.com							
c. E-mail Address								
d. Phone Number (407)843-8880								