

# Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Drug Free Babies (formerly known as Mothers and Infants)
2. Date of Submission: 01/19/2016
3. House Member Sponsor(s): Ray Pilon

## 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***
- b. What is the most recent fiscal year the project was funded? 2015-16
- 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 (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget  (Will equal non-vetoed amounts provided in Column A )	<b>INCREASED or NEW Recurring Requested</b>	<b>TOTAL Nonrecurring Requested</b>  (Nonrecurring is one time funding & must be re-requested every year)	<b>Total Funds Requested Over Base Funding</b>  (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:	780,540	0	780,540	780,540	780,540	0	780,540

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:  
 Operating Expenses     Fixed Capital Construction     Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:  
 Operating Expenses     Fixed Capital Construction     Other one-time costs

5. Requester:

- a. Name: David Beesley
- b. Organization: First Step of Sarasota
- c. Email: dbeesley@fsos.org
- d. Phone #: (941)366-5333

6. Organization or Name of Entity Receiving Funds:

- a. Name: First Step of Sarasota
- b. County (County where funds are to be expended) Hillsborough, Manatee, Pinellas, Sarasota
- c. Service Area (Counties being served by the service(s) provided with funding) Hillsborough, Manatee, Pinellas, Sarasota

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

First Step of Sarasota opened its Mothers and Babies Program in 1995. They are requesting an additional \$780,840 (and the original recurring \$780,540) for 2016-17 which will enable them to serve an additional 20 clients. The program has reported 349 drug free births since its inception.

The program utilizes evidence based clinical practices to address substance abuse, mental health, gender-specific and trauma-related issues to effectively treat not only the addiction, but the underlying causes of the addiction. Emphasis is placed on pre-natal care, parenting skills, relapse prevention, smoking cessation, life management skills, family reunification and Medication Assisted Treatment if applicable.

The program continues on a strong system of care, collaborating with multiple community partners to provide comprehensive services to each woman and child addressing both physical and mental health needs. Case-management and transition planning is conducted by Master level therapists to ensure continuity of care and linkages to community resources post treatment.

Objective include:

- 1. Birth of drug free infants and decrease incidence of Neonatal Abstinence Syndrome.
- 2. Extended time of sobriety to reduce relapse risk factors. Increase sober manageability within community settings.
- 3. Improve family and interpersonal relationships and improve parental bonding/attachments.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 780,540 (Excluding the requested Total Amount in #4d, Column G)

Local: 0

Other: 0

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

Yes