

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: STEPS LBR 2016 - ADC
2. Date of Submission: 01/21/2016
3. House Member Sponsor(s): Ritch Workman

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
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?
- 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)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:					375,833	0	375,833

- 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: Kathleen Turner
- b. Organization: Specialized Treatment, Education and Prevention Services (STEPS), Inc.
- c. Email: ktstepsinc@aol.com
- d. Phone #: (407)522-2144

6. Organization or Name of Entity Receiving Funds:

- a. Name: STEPS, Inc.
- b. County (County where funds are to be expended) Brevard, Orange
- c. Service Area (Counties being served by the service(s) provided with funding) Brevard, Orange, Osceola, Seminole

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.)

STEPS requests funding to provide services to 78 individuals. Based on the Brevard County Adult Drug Court's (BCADC) records, 65-70 people decline services each year for financial reasons. Over 1/3 of BCADC clients are in the 18-25 age range. Most are low-income, or meet the court's criteria for indigence. Many of those eligible fall into an existing health coverage gap wherein they cannot afford health insurance via the Marketplace, but earn just enough income to be ineligible for Medicaid. According to a 2013 Community Health Needs Assessment conducted in Brevard County, approximately 20% of residents lack health insurance & 40% had difficulty accessing healthcare. Both pre-plea (Pre-Trial Intervention, or PTI) and post-adjudicatory offenders may be referred to BCADC by the State Attorney's Office. Below is a breakdown of the costs associated with treatment: Salaries + Fringe=\$276,750/Building Occupancy=\$31,418/Professional Services=\$12,065/Equipment=\$9,172/ Insurance=\$7,617/Operating Supplies & Expenses=\$45,272/Indirect Expenses=\$15,199/Cost per client \$4,800. Current performance measures include reduce in-program recidivism 88% of clients do not recidivate. Program completion 86% of clients. Reduction of in-program substance use 83% of clients, as indicated by urinalysis. The BCADC program has provided Brevard Co. with 50,450 hours of community service. According to an external evaluator's 2015 report, potential incarceration costs of \$16,344,900 were saved since 2012.

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

- Federal: 0
- State: 0 (Excluding the requested Total Amount in #4d, Column G)
- Local: 0
- Other: 21,660

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

Yes