

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 - Veterans
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:					308,082	0	308,082

- 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, Ince.
- 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 for 64 veterans during the course of one year who have served in the U.S. military, but do not have VA medical benefits. VA benefits are not extended to military personnel who may have had a less-than-honorable discharge. Anecdotal evidence suggests veterans in this service gap were discharged prior to having a mental health and substance abuse evaluation, which may have confirmed a mental health disorder and subsequently affected the veteran's medical benefit status. Provide access to the Brevard County Veterans program in order to decrease clients' substance use, decrease the number of homeless and jobless individuals, and decrease the number of newborns addicted to opioids and other drugs. This is accomplished using evidence-based practices and client-centered recovery support services. The breakdown of the costs associated: Salaries + Fringe=\$202,950/Building Occupancy=\$33,611/Professional Services=\$16,568/Equipment= \$5,040/Insurance=\$7,520/Operating Supplies=\$49,270.00/Indirect Expenses=\$11,922/Cost per client \$4,800. According to the National Center for PTSD, between 11-20% of Veterans who served in Operations Iraqi Freedom and Enduring Freedom experience PTSD in a given year compared with 12% of Gulf War Veterans. 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.

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: 18,800

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

Yes