

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Specialized Treatment, Education and Prevention Services -STEPS - Residential Treatment Services for Women

2. Date of Submission: 02/07/2017

3. House Member Sponsor: Rene Plasencia

Members Copied:

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? 2016-17

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 2016-17 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)</i>		
	Column:	A	B	C	D	E
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring Request <i>(Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)</i>
Input Amounts:		300,000	300,000		706,744	706,744

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2017-18? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Children and Families

6. Requester:

- a. Name: Kathleen Turner
- b. Organization: Specialized Treatment Education and Prevention Services, Inc.
- c. Email: ktstepsinc@aol.com
- d. Phone #: (407)489-7008

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Kathleen Turner
- b. Organization: Specialized Treatment Education and Prevention Services, Inc.
- c. Email: ktstepsinc@aol.com
- d. Phone #: (407)489-7008

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Chris Dawson
- b. Firm: Gray Robinson
- c. Email: chris.dawson@gray-robinson.com
- d. Phone #: (407)843-8880

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

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

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government

- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

Program provides level II, residential treatment and medication assistance for Opiate addiction for Women (including pregnant, post-partum and those with children). Participants will live in a therapeutic community 24 hours a day, providing a combo of medication, counseling and behavior therapy which is effective to provide a whole patient approach to the treatment of substance use disorders (SUD). This includes group counseling, individual counseling, family therapy, parenting and visitation

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Staff Salaries and benefits	541,830
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Transportation for participants, office supplies and equipment	122,523
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Medication	42,391
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		

TOTAL		706,744
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13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

N/A

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Support letter from community partners and testimonial from prior program participants is documented.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

National and state-level studies by a number of third-parties consistently demonstrate the epidemic levels of opiate abuse in Florida, including a 124% increase in heroin deaths in Florida between 2013 and 2014 (source: Florida Medical Examiners Commission).

17. Will the requested funds be used directly for services to citizens?

Yes

17a. Describe the target population to be served. Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled

- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- Other (Please describe)

17b. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select all that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	75% of successful clients will receive primary care while in treatment	Monitor compliance with physician appointments documented in case notes
<input checked="" type="checkbox"/> Improve mental health	75% of successful clients will stabilize on medication	Monitor medication compliance as documented in case notes
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		

<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input checked="" type="checkbox"/> Improve transportation conditions	75% of participants will be transported/receive bus passes	Travel logs and documentation in case notes
<input checked="" type="checkbox"/> Increase or improve economic activity	75% of participants will obtain employment	documented in case notes
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	75% of successful clients will obtain safe housing and achieve reunification	documented in case notes
<input checked="" type="checkbox"/> Reduce recidivism	75% of successful clients will improve probation outcome	documented in monthly probation reports and case notes
<input checked="" type="checkbox"/> Reduce substance abuse	85% of successful clients will achieve negative urine samples	Documented by urinalysis results and case notes
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	75% of successful clients will complete court ordered requirements	Documented by court order and case notes
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		

<input type="checkbox"/> Other (Please describe):		
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19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	706,744	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	706,744	100%	

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

No