

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Ft. Myers Salvation Army - Co-Occurring Residential Treatment Program

2. Date of Submission: 09/25/2017

3. House Member Sponsor: Matt Caldwell

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- 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, Col. E
- What is the most recent fiscal year the project was funded? 2017-18
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
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 plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		165,000	165,000		165,000	165,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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? Department of Children and Families

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Future funding

6. Requester:

- a. Name: Tim McCormick
- b. Organization: The Salvation Army
- c. Email: tim.mccormick@uss.salvationarmy.org
- d. Phone #: (239)628-1490

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Tim McCormick
- b. Organization: The Salvation Army
- c. Email: tim.mccormick@uss.salvationarmy.org
- d. Phone #: (239)628-1490

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: The Salvation Army
- b. County (County where funds are to be expended): Lee
- c. Service Area (Counties being served by the service(s) provided with funding): Charlotte, Collier, Glades, Hendry, Lee

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?

The program will increase the successful rate of completion for these targeted individuals at a minimum of 60% by provided immediate access to a mental health evaluation and treatment effectively saving 6-8 weeks of securing mental health services in our local community and increasing positive outcomes for the offender.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Percentage of Salary and Benefits for Director of Program	2,600
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Rent and utilities	9,500
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Salaries and benefits for Mental Health Clinician, Addictions Counselors, and monitor techs providing 24 hour awake supervision.	100,011
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Client meals, prescription medications, laboratory blood work, drug testing kits, therapy work books, journals, and personal hygiene products	29,889
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Contracted fees for Psychiatrist providing services to clients	23,000

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		165,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

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:

We have a Letter of Support dated July 17, 2017 from Kathleen Smith, Public Defender of the 20th Judicial Circuit supporting our Program. Please see attached.

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

No

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

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

The participants will receive intensive mental health and substance use treatment through evidence based treatment methodologies to include: weekly individual counseling sessions, weekly mental health therapy groups, substance use groups, educational groups, life skills classes, such as; personal hygiene, money management, budgeting, recreational activities, medication management, etc.

17b. Describe the direct services to be provided to the citizens by the funding requested.

The direct services to citizens will include: Psychiatrist initial assessment, diagnosis and ongoing medication management while in residence. A Masters Level Mental Health Clinician, 1 hour of individual counseling and 1 group session per week, and substance treatment required in 65D-30 per DCF lic.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

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
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. 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 each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit

<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Clients will comply with mental health medication prescribed by psychiatrist. Clients will attend mental health counseling sessions.	At least 60% of clients will successfully complete 6 months of residential treatment. 100% of clients will receive at least 3.5 hours of weekly mental health service during 6 months of residential treatment.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Increase education for those without a High School diploma or GED.	100% of clients in treatment will attend GED classes and those who are ready to test for their GED will be provided the opportunity without cost to the client.
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Reduce rearrests of clients in treatment and in aftercare.	At least 60% of clients will successfully complete 6 months of residential treatment and remain arrest free. 60% of clients will remain arrest free while completing 6 months of Aftercare Services.
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		

<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Increase employability of clients served.	100% of clients will attend employment readiness classes while in treatment. 70% of clients will be employed at discharge.
<input checked="" type="checkbox"/> Reduce recidivism	Clients will remain arrest free while in treatment and receiving services while in Aftercare.	At least 60% of clients will successfully complete 6 months of residential treatment and 60% of clients who attend 6 months of Aftercare will remain arrest free.
<input checked="" type="checkbox"/> Reduce substance abuse	Clients will provide 6 months of clean urinalysis while in residential treatment and Aftercare if attending.	At least 60% of clients will successfully complete 6 months of residential treatment and 60% of clients who attend 6 months of Aftercare will have clean urinalysis.
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<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):		

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations	165,000	100.0%	N/A

Project Request:			
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column E)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	165,000	100%	

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

Yes

20a. How much state funding would be requested after 2018-19 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

- ongoing activity ? no total cost
- <1M
- 1-3M
- >3-10M
- >10M