

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Specialized Treatment Education and Prevention Services - Women's Level II Residential Treatment
2. Date of Submission: 11/13/2019
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, Col. E
- b. What is the most recent fiscal year the project was funded? 2018-19
- 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:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <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:					703,920	703,920

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? Yes
 - 5a. If yes, which state agency? Department of Children and Families
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 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.

STEPS, Inc. is committed to working with the Department to ensure full contractual compliance and rendering of services in a timely, efficient and professional manner.

6. Requester:

- a. Name: Kathleen Turner
- b. Organization: Specialized Treatment Education and Prevention Services, Inc (STEPS)
- c. Email: ktsepsinc@aol.com
- d. Phone #: (407)879-1201

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

- a. Name: Cheryl Bello
- b. Organization: Specialized Treatment Education and Prevention Services, Inc. (STEPS)
- c. Email: Cheryl.bello@flsteps.org
- d. Phone #: (407)879-1201

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

- a. Name: Christopher 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:

- a. Name: Central Florida Cares Health System
- b. County (County where funds are to be expended): Orange
- c. Service Area (Counties being served by the service(s) provided with funding): Brevard

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 specific purpose of this proposal is to provide funding for ten (10) residential level II treatment beds at our already established Women's Residential Treatment program located in Apopka, Florida to provide needed treatment services to Brevard County Women, Women with Children and Women who are pregnant or post partum since no level II treatment beds are available in Brevard County, Florida. Treatment will be delivered using Evidenced Based Practices.

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 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	519,400
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Transportation for participants, office supplies and equipment	142,520
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Medications	42,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		703,920

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)

For Profit

Non Profit 501(c) (3)

Non Profit 501(c) (4)

Local Government (e.g., police, fire or local government buildings, local roads, etc.)

State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

Other (Please describe)

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:

This project will be supported by Blaise Trettis, 18th Circuit Public Defender and Brevard Family Partnership the lead Child Welfare agency in Brevard County, Florida.

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:

Multiple studies have been done by government agencies throughout the state. Jails in the service area are experiencing a backlog due to not having these available beds.

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?

In addition to level II residential treatment beds and Medication Assisted Treatment (MAT) with an E-therapy component to all participants, a client-centered approach will be delivered through Evidenced Based Treatment Services including group therapy, individual and family counseling to

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

STEPS will link all participant's to additional services unique to women's needs with appropriate community providers such as health care, pre and post-natal care, employment, education, childcare and housing. Upon completion of the residential program, participants will be transitioned to receive an appropriate level of care for continued services. Transportation will also be provided to all participants. Funds for this project will provide ten (10) level II residential treatment beds.

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 checked="" type="checkbox"/> Improve physical health	75% of successful clients will receive primary medical care while in treatment.	Monitor compliance with physician appointments and documented in client files.
<input checked="" type="checkbox"/> Improve mental health	75% of successful clients will stabilize on medication	Monitor medication compliance and document in client files.
<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 to and from the treatment program, transported to scheduled appointments such as Doctors office and Job interviews and also have access to bus passes.	Travel logs will record transportation services and will be documented in client files.
<input checked="" type="checkbox"/> Increase or improve economic activity	75% of successful clients will obtain employment	Documented in client files
<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 return to safe and stable housing	Documented in client files
<input checked="" type="checkbox"/> Reduce recidivism	75% of successful clients will improve probation outcomes.	Documented in client files and probation reports
<input checked="" type="checkbox"/> Reduce substance abuse	75% of successful clients will achieve abstinence from substance use as evidenced by negative urinalysis	Documented in client files
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	75% of successful clients will complete court ordered requirements.	Documented in client files and/or court order
<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 2020-21 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 Project Request:	703,920	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d,	0	0.0%	No

Column F)			
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	703,920	100%	

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

No