

Appropriations Project Request - Fiscal Year 2020-21

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: 11/13/2019
3. House Member Sponsor: Spencer Roach
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? 2019-20
- 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:		275,000	275,000		300,000	300,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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: Kate Geist
- b. Organization: The Salvation Army
- c. Email: kate.geist@uss.salvationarmy.org
- d. Phone #: (239)332-0140

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

- a. Name: Kate Geist
- b. Organization: The Salvation Army
- c. Email: kate.geist@uss.salvationarmy.org
- d. Phone #: (239)332-0140

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 purpose of requesting the funds is to increase the immediate access to mental health services and substance abuse treatment. By increasing the successful turn around time for services in-house we will effectively save 3-6 weeks of wait time for local mental health services in the community. With decreasing the wait time for services a more positive outcome is likely to occur for offenders.

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 the Director of the program	2,600
<input checked="" type="checkbox"/> b. Other Salary and Benefits	24 hour awake tech supervision	49,400
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Rent/Utilities	15,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Salary and benefits for the Mental Health Clinician, Addictions Counselors	150,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Meals, medications, lab and other requested blood work, drug test, workbooks, journals, hygiene products, linens, clothing, travel, recreational equipment, supplies, clothing, prescription pads	50,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Contracted fees for the Psychiatrist	33,000

	providing services to clients	
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		300,000

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)

- 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:

Attached are the Florida Department of Corrections audit from May 14,2019,The Department of Children and Families Licensure as well as our Commission of Accreditation of Rehabilitative Facilities (CARF) valid for three years.

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:

The need for funding has been documented through the Department of Corrections,The Department of Children and Families as well as Central Florida Behavioral Health Network. The need for the funding is evident by the attached audits and accreditation.

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?

Weekly individual counseling sessions, weekly mental health therapy groups, substance abuse groups, relapse prevention, life skills classes, budgeting as well as anger management and Moral Recognition Therapy.

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

Initial psychiatric evaluation, diagnosis and ongoing medication management including all requested blood work from the psychiatrist, individual mental health counseling as well as group therapy and substance abuse treatment required in 65D-30 per Department of Children and Families license.

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	Clients will see a physician to manage any reasonable medical issues i.e dental vision and overall health.	95% of clients who successfully complete the program will see a physician
<input checked="" type="checkbox"/> Improve mental health	Clients will comply with mental health medication that is prescribed by the psychiatrist. Clients will attend mental health counseling sessions.	60% of the clients will successfully complete the program. 100% of the clients will receive 3.5 hours of counseling by qualified professional a week.
<input checked="" type="checkbox"/> Enrich cultural experience	Clients will be exposed to different forms of therapy through art	100% of clients who complete the program will attend expressive art groups
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	100% of those needing their GED will have access to tools to help prepare for the test	100% of clients who are in treatment will take the GED when deemed ready
<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 arrests of clients in treatment and in aftercare	At least 50% of the residents will successfully complete treatment and remain arrest free.
<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 the the residents will attend employment ready classes while in treatment. 70% of the clients will be employed at discharge
<input checked="" type="checkbox"/> Reduce recidivism	Clients will remain arrest free	60% of residents who attend the program including aftercare will remain arrest free
<input checked="" type="checkbox"/> Reduce substance abuse	Clients will provide 6 months of clean urinalysis while in residential treatment	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 a 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 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:	300,000	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	300,000	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 2020-21 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