

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Specialized Treatment Education and Preventions Services - Women's Residential Treatment with Medication Assistance

2. Date of Submission: 11/14/2017

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, Col. E*
- b. What is the most recent fiscal year the project was funded? 2017-18
- 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 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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		97,000	97,000		706,744	706,744

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? 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.

No payment of funds to the agency as a result of clients not being admitted within sixty (60) days of funding being made available, no payment of funds if beds identified are vacant more than thirty (30) days, no payment of funds if clients in need of treatment are not admitted due to transportation issues.

6. Requester:

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

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

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

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

- 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:

- a. Name: Specialized Treatment Education and Preventions Services, In
- 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 the program is to provide ten (10) level II treatment beds with the additional benefits of Medication Assisted Treatment (MAT) to women, women and children, pregnant and post partum women residing in Brevard County, Florida who are experiencing opiate addiction. Brevard County currently has no funded residential level II treatment beds.

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 checked="" type="checkbox"/> b. Other Salary and Benefits	Clinical and Direct Care Staff salaries and benefits	541,830
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Transportation for participants, office supplies and equipment.	122,523
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Medication	42,391
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		706,744

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:

Letters of support for this funding have been received from Blaise Trettis, Brevard County Public Defender and Orange County Mayor, Teresa Jacobs who also convened the Orange County, Florida Heroin Task Force.

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:

According to the Florida Department of Health, an alarming twenty-three (23) percent of babies born in Brevard County in 2015 were born with Neonatal Abstinence Syndrome (NAS). The Brevard County Medical Examiner report July 2017 indicates a continued increase in opiate deaths. This report documents 684 deaths in 2016 with opiates being the primary cause of death and over a 60% increase in heroin and fentanyl use.

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?

Activities and services that will be provided to meet the purpose of the funds will be ten (10) residential treatment beds and Medication Assisted Treatment (MAT) at STEPS established Women's residential program in Apopka, Florida along with evidenced based treatment practices.

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

In addition to Medication Assisted Treatment (MAT) direct services will include evidenced based counseling, a comprehensive evaluation, individualized treatment planning, group therapy, individual and family counseling. Transportation will also be provided to program participants.

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 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 by the program and have access to bus passes	Travel logs and documented in case notes.
<input checked="" type="checkbox"/> Increase or improve economic activity	75% of successful clients 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.	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	75% of successful clients will achieve abstinence from their substance use as evidenced by 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/or 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):		

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 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