

# Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: The Fort Myers Salvation Army Co-Occurring Residential Treatment Program
2. Date of Submission: 12/01/2015
3. House Member Sponsor(s): Matthew Caldwell

## 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? 2015-16
- 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 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget  (Will equal non-vetoed amounts provided in Column A )	<b>INCREASED or NEW Recurring Requested</b>	<b>TOTAL Nonrecurring Requested</b>  (Nonrecurring is one time funding & must be re-requested every year)	<b>Total Funds Requested Over Base Funding</b>  (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:	0	164,250	164,250	0	0	164,250	164,250

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:  
 Operating Expenses     Fixed Capital Construction     Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:  
 Operating Expenses     Fixed Capital Construction     Other one-time costs

5. Requester:

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

6. 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

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

The Fort Myers Salvation Army Co-Occurring Residential Treatment Program will provide mental health and substance abuse treatment for six (6) funded DOC felony probation beds serving 12 individuals for FY2016-2017. The cost of this program is \$164,250 at \$75.00 a day per diem. The program will increase the successful rate of completion for these 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. The program services will include: ?Psychiatrist to provide an initial assessment, diagnosis and ongoing medication management of the clients while in residence. The psychiatrist will see each client at least monthly or more if indicated. ?A Masters Level Mental Health Clinician will provide direct client mental health services per week to include: 1.5 hr. of counseling per client, one mental health group weekly and liaison between the program, clients, and medication management with the psychiatrist. ?Prescription Medication for clients. ?Lab work for clients -Includes all requirements/services of our current DOC contract for non-secure substance abuse treatment and our DCF license to provide substance abuse/mental health treatment. FUNDING CATEGORY & FUNDING AMOUNT Salaries/Wages-2 new contracted positions (Psychiatrist and Masters level Mental Health Clinician)and existing staff including benefits \$123,011.00 Food \$21,039.00 Prescription Medication/ Laboratory Blood Work \$6,000.00 Rent/Utilities \$9,500.00 Supplies \$2,100.00 Administration Costs \$2,600.00 Total Funding \$164,250.00

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

- Federal: 0
- State: 0 (Excluding the requested Total Amount in #4d, Column G)
- Local: 0

Other: 0

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

No