

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Basile Behavioral Services - Clubhouse Services for People with Mental Illness
2. Date of Submission: 11/13/2019
3. House Member Sponsor: Barbara Watson
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
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?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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:					199,498	199,498

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.
There is no penalties for the State. Clubhouses services are supervised and audited by Clubhouse International located in New York.

6. Requester:

- a. Name: Gina Basile Executive Director
- b. Organization: Basile Behavioral Services, Inc./DBA We Help You Do It! Clubhouse
- c. Email: ginabasile@yahoo.com
- d. Phone #: (786)273-8110

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

- a. Name: Gina Basile Executive Director
- b. Organization: Basile Behavioral Services, Inc./DBA We Help You Do It! Clubhouse
- c. Email: ginabasile@yahoo.com
- d. Phone #: (786)273-8110

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: Basile Behavioral Services, Inc./DBA We Help You Do It! Club
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade

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?

Improved mental health functioning of the most poor and undeserved population. To serve severely mentally ill people that thrives towards excellence, integrity, hope based on respect, diversity, faith, and social integration; in order to provide employment, education, health services and social support services. The overall goal is to reduce isolation and prepared members to live more independent lives, thereby reducing the likelihood of hospitalization, incarceration and homelessness.

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	Executive Director/Project Head time	9,202
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Program Manager & Peer Specialist/Generalist	6,573
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Communications & utilities, printing & supplies, equipment, licenses	3,030
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Booking consultant & audit firm	2,235
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Executive Director (Outreach, Fundraising, Grant Writer Specialist/Full time) Program Manager & Peer Specialist/Generalist (Full time) and Health Insurance (3 staff yearly)	115,676
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Computer hardware, fingerprint, food, licenses & fees, membership dues, office supplies, postage, printing &	57,567

	copying, program supplies (business unit, culinary unit, membership unit, social) software/web, telephone & Internet, facility rent, travel	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Training, workshops & meetings (all the staff trainings is at the Clubhouse International Headquarters in NY)	5,215
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		199,498

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:

Letter of support from Mayor (City of North Miami)

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:

Miami-Dade County has an unusually high percentage of residents living with severe mental illness. It is estimated that 9.1 percent of the population, or about 210,000 residents suffer from mental illness. The rate is higher than any other major urban area except Atlanta (The Miami Herald, May 23, 2004).

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?

Our Clubhouse will help to fill a critical gap in local mental health services by providing long-term recovery rehabilitation and employment opportunities to people with persistent mental illness.

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

Higher employment rate, reduced hospitalization, improved well-being. Our Clubhouse should reduced the number of hospitalization by one third and reduced the number of hospitalization by one third and reduced the average number of hospital days by 70%.

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	Improved/stabilized mental health functioning due to improved nutrition; and critical social interaction for isolated mentally ill people at risk of malnutrition due to poor diet and mentally ill people facing isolation and depression due to loneliness and illnesses.	Clubhouse International standards, audits and program Surveys
<input checked="" type="checkbox"/> Improve mental health	Improved/stabilized mental health functioning due to improved nutrition; and critical social interaction for isolated mentally ill people at risk of malnutrition due to poor diet and mentally ill people facing isolation and depression due to loneliness and illnesses	Clubhouse International standards, audits and program surveys

<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Improved/stabilized mental health functioning due to work-ordered day activities and critical social interaction by connecting Clubhouse members to their local High School and College for further formal education.	Florida Department 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 type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Improved/stabilized mental health functioning due to teaching Clubhouse members job skills and employment opportunities in the cities of North Miami Beach and North Miami in Miami-Dade County	Department of Labor
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Improved/stabilized mental health functioning due to teaching Clubhouse members job skills and employment opportunities in the cities of North Miami Beach and North Miami in Miami-Dade County	Department of Labor
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		

<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<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:	199,498	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	199,498	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