

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Jewish Family and Children's Services of the Suncoast - Children's Crisis Teams
2. Date of Submission: 09/07/2017
3. House Member Sponsor: Joe Gruters  
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:		200,000	200,000		428,134	428,134

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? 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.  
would receive a reduction of allocations for only the outcomes achieved

6. Requester:

- a. Name: Rose Chapman
- b. Organization: Jewish Family & Children's Service of the Suncoast, Inc.
- c. Email: rchapman1@jfcs-cares.org
- d. Phone #: (941)587-5317

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

- a. Name: Rose Chapman
- b. Organization: Jewish Family & Children's Service of the Suncoast, Inc.
- c. Email: rchapman1@jfcs-cares.org
- d. Phone #: (941)587-5317

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: Jewish Family & Children's Service of the Suncoast, Inc.
- b. County (County where funds are to be expended): Manatee, Sarasota
- c. Service Area (Counties being served by the service(s) provided with funding): Manatee, Sarasota

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?

To provide an intensive community based clinical service that responds to and manages a crisis; identifies the underlying factors of the crisis and the ongoing needs of the youth and family; and then, puts in place necessary services to support these needs with the goal of diverting high end utilization of mental health resources.

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	1FTE Program Coordinator	50,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	FICA, Health, Dental, Retirement, Life & LDT, Workers Compensation & Unemployment	71,862
<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	4 full-time Crises Team Specialists, .25 FTE IT Specialist, .25 FTE Director of Grants Management, .20 Director of Trauma & Counseling	216,453
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Supplies, Postage, Cell Phones, Hotspots, Laptops, Occupancy and Staff Travel	35,819
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	One time clinician to serve youth between the ages of 0 through 8	54,000

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		428,134

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?

No

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

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?

Over a 90 day period, master level clinical staff provide mobile crisis intervention, stabilization, and intensive mental health counseling. Case management activities connect the youth and family to services that will address identified issues over time in a least restrictive setting.

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

Over a 90 day period, master level clinical staff provide mobile crisis intervention, stabilization, and intensive mental health counseling. Case management activities connect the youth and family to services that will address identified issues over time in a least restrictive setting.

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): children with serious mental health problems

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 type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Reduce number of Baker Acts and Hospitalizations and foster care	Review admissions of clients in the program three months post

	admissions	intervention.
<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 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 type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	Reduce number of Baker Acts and hospitalizations and foster care placements	Review admissions of clients in the program three months post intervention.
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Children and Youth will not be involved in the Criminal Justice System	Review admissions of clients in the program three months post intervention.
<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:	428,134	98.1%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column E)	0	0.0%	No
4. Local:	8,398	1.9%	No
5. Other:	0	0.0%	No
TOTAL	436,532	100%	

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

No