

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Children's Community Action Team - Halifax Health-Volusia/Flagler
2. Date of Submission: 10/31/2017
3. House Member Sponsor: David Santiago
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>	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:		750,000	750,000		750,000	750,000

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.
Children's Community Action Team - Halifax Health-Volusia/Flagler

6. Requester:

- a. Name: James Terry
- b. Organization: Halifax Behavioral Services
- c. Email: james.terry@halifax.org
- d. Phone #: (386)425-4648

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

- a. Name: James Terry
- b. Organization: Halifax Behavioral Services
- c. Email: james.terry@halifax.org
- d. Phone #: (386)425-4648

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

- a. Name: Darrick McGhee
- b. Firm: Johnson and Blanton
- c. Email: darrick@teamjb.com
- d. Phone #: (850)321-6489

9. Organization or Name of entity receiving funds:

- a. Name: Halifax Health
- b. County (County where funds are to be expended): Volusia
- c. Service Area (Counties being served by the service(s) provided with funding): Flagler, Volusia

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) Health Care Taxing District/Public Hospital

11. What is the specific purpose or goal that will be achieved by the funds being requested?

Keep families intact for children and youth with serious behavioral health disorders at risk of placement in costly out-of-home care in the child welfare, juvenile justice and mental health systems.

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	Team Leader/Program Administrator	56,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Support Staff	34,000
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	10% administrative fee for Lutheran Services, the managing entity for DCF	75,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Clinicians 2 FTE, Psychiatrist .25FTE, RN .5FTE, Case Manager, Mentors and Administrative Support	368,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Travel, equipment, supplies, other	192,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Purchase of non-traditional supportive services	25,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		750,000

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)

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 can be made available.

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?

Continuance of the Children's Community Action Team - Halifax Health Volusia/Flagler which includes case management, therapy, medical services, mentoring, patient advocacy and family advocacy.

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

Integrated service delivery that utilizes a team approach (mental health therapist, psychiatrist or advanced registered nurse practitioner, registered or licensed nurse, case manager, therapeutic mentor, etc.) to comprehensively meet the needs of the youth and their family.

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 type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	65% of young enrolled people will improve their level of functioning. A minimum of 65% of enrolled young people will be diverted from out-of-	Child functional scale if under 18. Functional Rating Scale if over 18. Actual percentage of youth diverted from placement in child welfare, juvenile or criminal justice or

	home placement.	residential care.
<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 type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	65% of young enrolled people will improve their level of functioning. A minimum of 65% of enrolled young people will be diverted from out-of-home placement.	Child functional scale if under 18. Functional Rating Scale if over 18. Percentage of children diverted from out-of-home placement.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	65% of young enrolled people will improve their level of functioning. A minimum of 65% of enrolled young people will be diverted from out-of-home placement.	Child functional scale if under 18. Functional Rating Scale if over 18. Percentage of children diverted from out-of-home placement.

<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 checked="" type="checkbox"/> Other (Please describe): Additional Outcomes	Enrolled young people will attend a minimum of 80% of school days.	School attendance records. Measured by Parent Stress Index, 4th edition for children <12. Measured by Stress Index for Parents of Adolescents age 13 and older. Measured by actual days in the community.

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:	750,000	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	750,000	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 2018-19 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