

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Delores Barr Weaver Policy Center - Girl Matters: Continuity of Care Program

2. Date of Submission: 10/21/2019

3. House Member Sponsor: Cord Byrd

Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- 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*
- What is the most recent fiscal year the project was funded? 2019-20
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 (If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2020-21 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
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>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:		300,000	300,000		375,000	375,000

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 Juvenile Justice

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.

Reduction in the amount of the monthly payment after finding substantial evidence of non-delivery of service(s) as required by the contract. The suggested penalty for failing to meet performance measures provided for in the contract includes a review of the deficiency to determine if it is critical, major, or minor, and provides the opportunity to work with prevention staff to make corrections.

6. Requester:

- a. Name: Lawanda Ravoira
- b. Organization: Delores Barr Weaver Policy Center (DBWPC, Inc.)
- c. Email: lravoira@seethegirl.org
- d. Phone #: (904)598-0901

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

- a. Name: Lawanda Ravoira
- b. Organization: Delores Barr Weaver Policy Center (DBWPC, Inc.)
- c. Email: lravoira@seethegirl.org
- d. Phone #: (904)598-0901

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

- a. Name: Tom Griffin
- b. Firm: Smith, Bryan and Myers
- c. Email: TGriffin@SmithBryanandMyers.com
- d. Phone #: (850)224-5081

9. Organization or Name of entity receiving funds:

- a. Name: Delores Barr Weaver Policy Center (DBWPC, Inc)
- b. County (County where funds are to be expended): Duval
- c. Service Area (Counties being served by the service(s) provided with funding): Baker, Clay, Duval, Nassau, St. Johns

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 purpose is to sustain the highly effective Girl Matters: Continuity of Care (CCM) model program developed by the Delores Barr Weaver Policy Center. The goal of CCM is to slow down the conveyor belt of girls going deeper in the justice system and to stop the revolving door of girls cycling in and out of the system due to unaddressed mental health issues.

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	President & CEO-\$16,694 (Salary) and \$2,737 (Benefits)	19,431
<input type="checkbox"/> b. Other Salary and Benefits		
<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	Chief Operating Officer (\$10,200); 2 Mental Health Professionals (\$82,827); Director of Clinical Services (\$13,500); VP Research (\$9,251); Compliance Manager(\$14,400); Care Coordination Manager (\$43,775); Care Manager (36,000); Schools Project Manager (\$43,775); Dev & Communications Manager (\$7,416); Support Staff (\$12,370); Plus 30%	355,569

	fringe (\$82,055)	
<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		
<b>TOTAL</b>		<b>375,000</b>

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:

Letters of support from: State Attorney Melissa Nelson, Sheriff Mike Williams, Public Defender Charlie Cofer, Director Juvenile Division/Public Defender's Office Robert Mason, Circuit Judge Virginia Norton Baker, Dr. Christine Cauffield LSF Health Systems, Vicki Waytowich Executive Director Partnership for Child's Health/Jacksonville System of Care

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:

The Women's Giving Alliance at the Community Foundation for Northeast Florida report included need for more mental health professionals trained to provide gender-responsive, trauma-informed counseling, increased and easier access to affordable services, and coordination of care for people who are involved in several systems of care (criminal justice, state hospital, crisis services, child welfare).

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?

Girl-Centered Counseling: Individual/family counseling focused on root causes. Individualized sessions take place where the girls/families are (office, home, school, community, etc.)

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

Continuity of Care services are designed to improve public safety by addressing the root causes that put girls on a track to justice involvement. Direct services include intensive intervention supports to under served at risk girls and their families living in high risk/under resourced neighborhoods. We collaborate with law enforcement, judges, state attorney, public defenders and support their efforts to reduce juvenile crime, which directly benefits citizens by decreasing crime.

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	DJJ Prevention Assessment Tool (PAT) Assessment Risk Score	PAT Assessment
<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 checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	No new arrests for criminal offenses	Juvenile Justice Information System (JJIS) at Exit PAT or at reporting
<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	No new arrest or criminal offenses	Tracking of Juvenile Justice System improvement
<input checked="" type="checkbox"/> Reduce substance abuse	PAT Assessment/Risk Domain involving Substance Abuse	Initial PAT assessment and exit PAT assessment on same measures
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Numbers of girls diverted from the Juvenile Justice System or prevented from deeper involvement	Tracking Juvenile Justice System involvement
<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:	375,000	83.3%	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%	Yes
5. Other:	75,000	16.7%	No
<b>TOTAL</b>	<b>450,000</b>	<b>100%</b>	

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