

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Community Rehabilitation Center's Project Alive
2. Date of Submission: 09/19/2019
3. House Member Sponsor: Wyman Duggan
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:					299,500	299,500

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.

The suggested penalty for failing to meet deliverables or performance measures would be to review the current proposal, address barriers and implement a plan of action that would rectify the deficiencies within a given time period or a reduction of funding.

6. Requester:

- a. Name: Dr. Erakal Goodman
- b. Organization: Community Rehabilitation Center, Inc.
- c. Email: egoodman@communityrehabcenter.org
- d. Phone #: (904)358-1211

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

- a. Name: Dr. Erakal Goodman
- b. Organization: Community Rehabilitation Center, Inc.
- c. Email: egoodman@communityrehabcenter.org
- d. Phone #: (904)358-1211

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: Community Rehabilitation Center, Inc.
- b. County (County where funds are to be expended): Duval
- c. Service Area (Counties being served by the service(s) provided with funding): Duval

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 enhance and expand current substance abuse and mental health treatment services to target minority and at risk youth and young adults.

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	Project Head will provide administrative oversight to the project. Administrative cost allowance of 8% of total funding will be expanded for the year. Project Head's salary & benefits will be frayed with 4% of the administrative cost allocation	24,000
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	The remaining 4% will e used to fray administrative costs such as telephone, space allocation, utilities and insurance.	12,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Proj Coordinator/LMHC/CPA (sal: \$65,000 benes \$13,650) Substance Abuse Counselor (sal: \$36,000 benes \$7,560) Mental Health Counselor (sal: \$36,000 benes	205,700

	\$7,560) Case Manager (sal: \$33,000 benes \$6,930)	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Computer Laptops (4) \$3,600 Paper, postage and printing \$2,400 Local Travel \$4,800 Rent - \$12,000	22,800
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Physician	35,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		299,500

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?

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?

CRC plans to accomplish this by 1. increasing # of individuals in treatment, 2. engage previous treatment clients that did not successfully complete treatment, 3) strengthen current mental health & substance abuse capacity by integrating a peer navigator approach to link opioid-abusing minority young adults to behavioral medical, prevention and social services. Implement culturally and linguistically appropriate evidence-based interventions targeting outreach, opioid/HIV/HV prevention.

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

Direct services will be provided to meet the intended purpose of these funds are outreach, treatment and case management services.

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	Medical evaluation by Physician	Regular checkup by Physician/ARNP
<input checked="" type="checkbox"/> Improve mental health	Initial psychiatric evaluation/w/psychiatrist then follow with medication management whereby a determination of progress and any need for changes	medication management oversight
<input checked="" type="checkbox"/> Enrich cultural experience	Create exposure and provide cultural/diversity education and training	pre and post cultural & diversity survey
<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 checked="" type="checkbox"/> Create specific immediate job opportunities	Maintain client stability, and mental/physical focus in order for client employment availability	Review and evaluate
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	Providing co-occurring treatment and after care/relapse prevention	Review and maintenance of bio psychosocial and treatment plan
<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:	299,500	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	299,500	100%	

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

No