

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: New Horizons After School and Weekend Rehabilitation Program
2. Date of Submission: 11/10/2019
3. House Member Sponsor: James Bush  
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? 2019-20
- 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 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>	<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:		250,000	250,000		550,100	550,100

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? 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 Contracting Agency's standard penalties will suffice

6. Requester:

- a. Name: Evalina Bestman
- b. Organization: New Horizons Community Mental Health Center, Inc.
- c. Email: drbestman@nhcmhc.org
- d. Phone #: (786)466-8469

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

- a. Name: Ullas Kuriakose
- b. Organization: New Horizons Community Mental Health Center, Inc.
- c. Email: ukuriakose@nhcmhc.org
- d. Phone #: (786)433-8477

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

- a. Name: Kelly Mallette
- b. Firm: Ronald L. Book, P.A.
- c. Email: kelly@ribookpa.com
- d. Phone #: (305)935-1866

9. Organization or Name of entity receiving funds:

- a. Name: New Horizons Community Mental Health Center, Inc.
- 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?

Provide a diversionary program for juvenile justice involved high and moderate youth with substance abuse and/or mental health and substance abuse (co-occurring) disorders with both the opportunity and support to develop, achieve and maintain a life style free of crimes and drugs and to move into contributing roles in society.

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	Oversight of the program, administrative, clinical and delinquency intervention education and mental health and substance abuse service implementation.	56,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Clerical support, data collection/input, order supplies, etc., travel, computers, printing schedule appointments, transportation, etc.	24,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Office supplies, travel (lease vehicle) computer, printer.	63,360
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Direct service staff implementing the service with clients and their families.	290,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Furniture, activities and educational, supplies, travel to and from program and weekend activities, food, facility	66,740

	maintenance, etc.	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Behavioral Management, nutrition, employability skills / job linkage, etc.	50,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>550,100</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:

In discussion with a DJJ supervisor and DJJ probation officer about program needs and gaps for youth of Miami Dade, they expressed a need for services for youth and their families with substance abuse and mental health / substance abuse (co-occurring) problems. They emphasized the need for weekend programs.

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:

Juvenile Justice Prevention Committee, Dade-Miami Criminal Justice Council, Comprehensive Plan, includes, as a benchmark: Working to establish community resources to increase prevention, alternatives to detention and community intervention.

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?

Social Skills Group; Mental Health, Recreation /Cultural Activities; Substance Abuse Mentoring; Preemployment Skills/Job Linkage and Academic Tutoring.

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

Social skills group activities focusing on teaching relationship and effective ways to address other social problems.

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): Youth with substance abuse or mental health and or both (co-occurring) disorders and are served.

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	Youth will be able to be self directed, better judgment, control emotions, establish goals in terms of delayed gratification, etc.	Achievement of goals on the Evidence Based Practice (EBP) Treatment.
<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	During and post program calculation of recidivism rate. Implement future life goals.	Post assessment of life skills, employment and education goals. Pre and post achievement goals on service plan.
<input checked="" type="checkbox"/> Reduce substance abuse	Increase in education, employability, reduction in delinquency behaviors; reduction in criminogenes risk factors.	Increase in education, employability, reduction in delinquency behaviors; reduction in criminogenes risk factors.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Divert from Criminal/Juvenile Justice system.	Assessment of performance in the EBP delinquency intervention, Track recidivism
<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	550,100	90.9%	N/A

Project Request:			
2. Federal:	20,800	3.4%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	34,000	5.6%	No
<b>TOTAL</b>	<b>604,900</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