

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Family Support Services of North Florida - Services to At-Risk Youth
2. Date of Submission: 11/12/2019
3. House Member Sponsor: Clay Yarborough
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>	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:		550,000	550,000		650,000	650,000

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 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.

Corrective Action Plans (CAP) will be requested for noncompliance, nonperformance, or unacceptable performance under the contract agreement.

6. Requester:

- a. Name: Robert Miller
- b. Organization: Family Support Services of North Florida, Inc.
- c. Email: bob.miller@fssnf.org
- d. Phone #: (904)421-5800

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

- a. Name: Sarah Markman-Sayar
- b. Organization: Family Support Services of North Florida, Inc.
- c. Email: sarah.sayar@fssnf.org
- d. Phone #: (904)418-5825

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

- a. Name: Georgia McKeown
- b. Firm: Johnson and Blanton
- c. Email: georgia@gamckeown.com
- d. Phone #: (904)303-1611

9. Organization or Name of entity receiving funds:

- a. Name: Family Support Services of North Florida
- b. County (County where funds are to be expended): Duval, Nassau
- c. Service Area (Counties being served by the service(s) provided with funding): Duval, Nassau

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?

Delivery of a model foster care program to promote youth well being, provide enhanced training and services for caregivers and high risk youth in foster care. High risk youth qualified as engaging in behaviors that hinder permanency: delinquency, violence/aggression, sexual abuse and aggression, CSEC, substance abuse, runaways, pregnant and parenting youth. Goals: increase placement stability, compliance with juvenile probation, reduce number of youth in group homes, reduce high risk behaviors.

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 type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<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	Youth Well Being Project Coordinator	60,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Events/marketing/recruitment of specialized foster homes	25,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	National trauma trainers, licenses, program materials/tools (\$57,400) On-Call Crisis Stabilization Services (\$66,000) Enhanced Foster Care(\$100,00) Dually Involved Children/Youth (DCF and DJJ) (\$219,000)	565,000

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		650,000

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)

- 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 the Jax System of Care Initiative

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:

Documented studies include: Foster Home Quality Workgroup Legislative Report, 2017; Jacksonville Community Council Inc., Community Health Needs Assessment (Health Planning Council), 2016; Unlocking the Pieces: Community Mental Health in Northeast Florida, 2010.

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?

This program will provide trauma informed services to improve the mental, physical, and emotional well-being of high risk youth in out of home care. A project coordinator will drive culture changes in the community to a cycle of healing for youth in our system of care. This program includes increasing the number of quality foster families through specialized training and recruitment and providing a service array to address the needs of the most challenging youth.

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

Intensive wrap-around services, some of which are in-home, to include behavioral analysis, targeted case management, psychiatric services, trauma therapy, family therapy, mentoring, advocacy, case planning, Caregiver education/skill building, stress/crisis management, linkage to community resources/supports, respite, family building activities.

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): Commercial Sexual Exploitation of Children (CSEC); LBGTQ youth; Crossover youth in DCF/DJJ

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	Ensure youth receive medical, dental, and specialty care as needed	Number of youth that receive 72 hour medial appointment and/or annual exam, biannual dental exam, and specialty care as recommended
<input checked="" type="checkbox"/> Improve mental health	Each minor child will receive a comprehensive behavior health assessment, and a bio-psychosocial health assessment. Each minor child will receive enhanced wraparound case management services, psychiatric services and medication management as necessary. Youth will have access to crisis-stabilization services with mental health professionals. Youth will be placed in a quality foster home.	Active participation in mental health services; reduced or no psychiatric hospitalization. Number of placement disruptions. Number of reduced highrisk behaviors to include runaways, new teen pregnancy.
<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.)	Ensure active compliance with juvenile delinquency court ordered	Satisfactorily complete court ordered juvenile probation. No new arrests.
<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	Youth will receive services that are in-home with direct contact hours. Using a flexible, clinical approach to promote positive behavior changes, these services will help reduce youth's engagement in delinquent activity.	Number of new arrests and/or incarcerations.
<input checked="" type="checkbox"/> Reduce substance abuse	Youth will receive enhanced wraparound clinical and mentoring services with substance abuse treatment as necessary.	Number of negative drug screens.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Youth will receive clinical and mentoring services and will participate in multidisciplinary staffings with the Department of Juvenile Justice and Department of Children and Families to determine service needs and divert from juvenile justice system.	Number of youth in diversion programs.

<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): Youth Well-Being Activities	Youth will have opportunities to participate in life skills training and youth enrichment activities to include extracurricular community activities and teen life skill programs and camps.	Number of youth enrolled in extracurricular activities, number of youth enrolled in teen enrichment programs and camps.

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:	650,000	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	650,000	100%	

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

No