

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Project LIFT - Behavioral Health Services
2. Date of Submission: 11/14/2019
3. House Member Sponsor: Charlie Stone
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:					350,000	350,000

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.
Current generally accepted penalties for non-compliance.

6. Requester:

- a. Name: David O'Brien
- b. Organization: Project LIFT
- c. Email: david@projectliftmc.com
- d. Phone #: (352)465-9009

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

- a. Name: David O'Brien
- b. Organization: Project LIFT
- c. Email: david@projectliftmc.com
- d. Phone #: (352)465-9009

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

- a. Name: Barney Bishop
- b. Firm: Barney Bishop Consulting, LLC
- c. Email: barney@barneybishop.com
- d. Phone #: (850)510-9922

9. Organization or Name of entity receiving funds:

- a. Name: Project LIFT
- b. County (County where funds are to be expended): Marion
- c. Service Area (Counties being served by the service(s) provided with funding): Citrus, Levy, Marion

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?

Expansion of a new mental health and substance abuse (opiod) program for at risk teens in an under-served rural areas. Funds will allow Project LIFT to a prevent at risk teens from engaging in criminal activities, doing and selling drugs and other self destruction behaviors. It will also make it possible for Project LIFT to serve more high school drop outs (3.4% in Marion Cty, 11% in Dunnellon), providing a pathway to high school graduation along with quality vocational training.

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 type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	50 Gas cards--\$2,500, 3 Drivers--\$6,250/yr, Fleet of cars: gas, repairs, maintenance--\$8,500, 60 Mental Health care workbooks (anger, aggression, anxiety, depression, antisocial, borderline, narcissistic)--(\$2,750), 20 laptops for high school educational program and vocational training--\$7,500, Excursion and field trips--\$5,000, Online educational platform (Edmentum) for 20 students-	95,000

	-\$50,000, Drug test kit panel for 60 participants, administered 2X/month--\$10,500, Life Skills presenters stipend-	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Contracted Licensed Therapist--\$31,500; 10 hrs/wk at \$60/hr, Contracted Case Manager--\$10,000; 5 hrs/wk, Contracted Advanced Registered Nurse Practitioner (ARNP) working with a psychiatrist--\$8,500; 2.5hrs/2wks	50,000
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Retrofit Building for new vocational rehab centers: car repair, welding, screen printing, robotics, computer programming and electrician service training--\$84,000, Vocational tools & machinery for auto repair, electrician training & welding--\$50,000, Vocational tools for robotics/computer programming program--\$21,000, Commercial Screen printing machine--\$35,000, Carpentry/General Contracting equipment--\$15,000	205,000
TOTAL		350,000

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): Main building owned by Project LIFT along with a rented space

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:

Grant support from the Marion County Hospital District Trustees; letter of support from U.S. Congressman Neal Dunn; letters or support from the Dunnellon Mayor Dale Burns and City Council; letter of support from the Marion County Children's Alliance; letters of support from the Marion County Community Foundation and Non profit Resource Council; partnerships with the United Way, Boys and Girls Club, Marion County School District, Dunnellon High School, CareerSource and Progress Dunnellon.

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 City of Dunnellon commissioned Kimley Horn to develop a Strategic Plan for Economic Development in 2019. The study identified four action areas including workforce development which will be spearheaded by Project LIFT. Project LIFT will address the social determinants of health and health equity/inequity as they relate to access to work, educational levels, access to education and vocational training, transportation issues, the ability to get a job and keep a job.

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?

Mental health care, substance abuse therapy, vocational rehab, high school education, life skills training and case management

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

Therapy, education, mentoring, vocational training

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	Show documented progress in Mental Health Indicators	Use the Children's Functional Assessment Rating Scale (CFARS) tool at enrollment and discharge of program to show improved mental health. Adverse Childhood Experience (ACE) Questionnaire to track mental health progress
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Re-enroll high school drop outs in accredited high school online platform through Edmentum which is approved by the FLDOE and the Marion County School District.	Use Edmentum and CASAS assessments to show improved literacy and math skills in students. Successful high school graduation
<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 criminal activity during or after program	No probation violations by teens referred by the courts. Track recidivism every 6 months for 5 years.
<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 checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Identify and mitigate against "social determinants of health" and "health equities/inequities" as related to work.	Program graduates will earn wages for a minimum of 10 hours per week (averaged). Program graduates will

	Wages earned by participants during program for work training in successful work habits. Work readiness skills pre and post tests administered at beginning and end of program. Work readiness objective assessment administered by staff at intake, 7 weeks, and 14 weeks of program participation. Employment, enlistment or enrollment within 6 months of program completion.	demonstrate an increase in work readiness pre versus post test scores. Program participants will demonstrate an increase in work readiness via the objective assessment administered at intake versus 7 and 14 weeks of enrollment. Program graduates will be employed, enlisted or enrolled in higher ed opportunities within 6 months of program completion. Track every 6 months for 5 years
<input checked="" type="checkbox"/> Reduce recidivism	Keep at risk teens referred by courts from re-offending during and after program participation	No parole violation during program. Track recidivism every 6 months for 5 years.
<input checked="" type="checkbox"/> Reduce substance abuse	Decrease substance abuse among program participants	Monthly clean urinalysis. Substance free upon graduation. Track for substance abuse every 6 months for 5 years
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Get referrals from court system. Provide courts with supervised diversion program for teen offenders where participants receive therapy from a Licensed Mental Health Counselor, vocational rehab training and a path to high school graduation.	Track referrals from court system. Participants do not re-offend during program. Track recidivism every 6 months for 5 years.
<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:	350,000	63.6%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	110,000	20.0%	Yes
4. Local:	90,000	16.4%	Yes
5. Other:	0	0.0%	No
TOTAL	550,000	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 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