

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Community Health of South Florida - Children's Crisis Center
2. Date of Submission: 11/14/2019
3. House Member Sponsor: Javier Fernandez
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:					250,000	250,000

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? 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.
Community Health Centers of South Florida has not recommended penalties.

6. Requester:

- a. Name: Brodes Hartley
- b. Organization: Community Health of South Florida, Inc.
- c. Email: bhartley@chisouthfl.org
- d. Phone #: (305)252-4853

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

- a. Name: Jeremy Radziewicz
- b. Organization: Community Health of South Florida, Inc.
- c. Email: jdradziewicz@chisouthfl.org
- d. Phone #: (305)232-6047

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 Health of South Florida, Inc.
- b. County (County where funds are to be expended): Miami-Dade, Monroe
- c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade, Monroe

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 support Community Health of South Florida, Inc. in building an 11,000 sq. ft. free-standing children’s intensive in-patient 24-hour crisis center, to meet the increasing needs of children with severe behavioral health issues. Funds will be used for construction costs of ten (10) 190 sq. ft. bedrooms at \$25,000 per. Each of the ten rooms will house two children and be utilized as secured sleeping and dressing quarters for children ages 4-17 during their admission into the CSU.

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 type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	New construction of an 11,400 sq. ft. one-story facility to accommodate up to 20 children nightly. Funds being requested are matched 100% by monies already received and in the	250,000

	bank.	
TOTAL		250,000

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:

Letter of support from the State's designated managing entity of State mental health and substance abuse funding: The South Florida Behavioral Health Network, also known as Thriving Mind.

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?

The primary purpose of the funds is to construct a Children's Crisis Center as receiving and treatment facility for Baker Acted children and children in psychiatric distress. The project will complement the full array of outpatient children’s mental health and substance abuse services as well as inpatient and outpatient adult mental health and substance abuse services. The following is anticipated daily contributions via the projected project:

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

The Center will be built to increase behavioral health treatment access for children with mental health issues in South Florida. The proposed 20-bed in-patient facility will receive Baker Act children, provide intensive in-patient therapy, link children and their families to outpatient follow-up upon completion of in-patient treatment, and be a resource to South Florida and the rising number of children who need psychiatric assistance.

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	Population served will be children ages 4-17 predominantly from Miami-Dade and Monroe Counties who are in mental health crisis and in need of immediate in-patient services. Outcomes include: 1. Youth suicide prevention; 2. Psychiatric crises stabilized; 3. Prevention of harm to others; 4. Children with severe mental illness brought into ongoing mental health treatment and supportive services.	1. In-patient patient admission assessments 2. Children's Functional Assessments (CFARS, Department of Children and Families) 3. University of South Florida/DCF Baker Act data report
<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.)	The number of children with mental illness receiving needed mental health treatment.	The number of children with mental illness brought into and provided necessary treatment and support services.
<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 type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	The number of children with mental illness receiving needed mental health treatment.	The number of children with mental illness brought into and provided necessary treatment and support services.
<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:	250,000	10.2%	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:	1,800,000	73.5%	Yes
5. Other:	400,000	16.3%	Yes
TOTAL	2,450,000	100%	

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

No