

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Youth Crisis Center - Touchstone Village Clay
2. Date of Submission: 11/14/2019
3. House Member Sponsor: Bobby Payne  
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:		200,000	200,000		200,000	200,000

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.  
Financial penalties are defined in the contract.

6. Requester:

- a. Name: Kim Sirdevan
- b. Organization: Youth Crisis Center, Inc.
- c. Email: kim@ycc.org
- d. Phone #: (904)446-4982

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

- a. Name: Kim Sirdevan
- b. Organization: Youth Crisis Center, Inc.
- c. Email: kim@ycc.org
- d. Phone #: (904)446-4982

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

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 provide housing, transitional living skills, and mental health counseling and psychiatric care to 18 year olds who are homeless and are in school. This program will also provide transitional living services and mental health counseling to young adults 18-21 who are at risk of becoming homeless and reside in Clay County. Touchstone Village program focus areas include trauma, mental health, substance abuse/use, bullying, education, violence, homelessness, family discord, LGBTQ-related concerns.

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 checked="" type="checkbox"/> b. Other Salary and Benefits	General overhead for program leadership which includes the 10% Program Director, 10% Director of Residential Services, 10% Finance Director, and 10% Program Assistant	30,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Program overhead which includes general liability insurance, utilities (includes electric, water), telephone, rent for the house at \$750/month.	49,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Employ a full time Transitional Living Specialist to conduct Casey Life skills assessments, provide life skills training, monitor academic performance, provide transportation for resident appointments, provide	85,000

	career development training; employ part-time mental health therapist to conduct mental health assessments, develop treatment plans, and provide mental health counseling; monthly expense for houseparent(s) for the provision of daily living activities and supervision of residents	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Resident activities, resident expenses, household supplies, food for meals in the home, annual general maintenance of home which includes but not limited to interior paint, deep cleaning, and maintenance of program vehicle (used only by program staff for transportation of residents as necessary)	36,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>200,000</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:

The Clay County Moosehaven, Kids First of Florida, Changing Homelessness, Clay Behavioral Health, Mercy Support Services, Orange Park Medical Center, Azalea Health, Orange Park Police Department, and Clay County School District are in support of this program.

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:

Current data was reviewed pertaining to the number of youth who identify as homeless in the Clay County School District. The Florida Department of Education reported 94 Clay County unaccompanied youth during the 2017-2018 school year. The Clay County School District reported 26 homeless young adults who are 18-19 years of age.

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?

Each resident will be assessed utilizing the Ansell-Casey Life Skills assessment, complete a treatment plan, receive a minimum of two life skills classes per week, receive career development training, opportunity for part time employment with Moosehaven or other local businesses, meals, mental health therapy, academic support, which includes the Transition Specialist attending various appointments with the school, assisting in completing school-related documents, recreational activities, and civ

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

Each resident will be assessed utilizing the Ansell-Casey Life Skills assessment, complete a treatment plan, receive a minimum of two life skills classes per week, receive career development training, opportunity for part time employment with Moosehaven or other local businesses, meals, mental health therapy, academic support, which includes the Transition Specialist attending various appointments with the school, assisting in completing school-related documents, recreational activities, and civi

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	Residents will comply with mental health treatment as defined on their treatment plan.	Residents will improve their FARS score (Functional Assessment Rating Scale) by one in each domain.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Residents will graduate high school or receive their GED.	The Transition Specialist will meet with the resident and school faculty (social worker or guidance) to determine readiness for graduation or need for academic assistance. Residents will provide evidence of being on track to graduate via their report cards, interim reports, and/or grades in Focus portal or other educational means.
<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 resident will not be arrested.	Residents will improve their overall FARS score (see above), attend school on a regular basis per the attendance reports, and master life skills taught by the Transition Specialist
<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	Residents will become employed with Moosehaven or other local businesses.	Each resident will complete career development training, develop a resume, interview, and become employed with Moosehaven or other Clay County employers.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Residents will become employed with Moosehaven or other Clay County employment opportunities upon completion of career development training. Residents will take financial literacy classes.	Residents will become employed by Moosehaven or other Clay County employer, complete financial literacy classes, open a bank account
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Residents will comply with all requirements from the State Attorney's Office. Residents will comply with program requirements, including mental health services.	Transition Specialist will develop a plan with the resident that identifies all requirement necessary for program completion. The treatment plan is reviewed monthly with the resident; the resident masters life skills training, becomes employed, is on track for graduation, and improves his/her overall mental health well-being.
<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):		
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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:	200,000	95.2%	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:	0	0.0%	No
5. Other:	10,000	4.8%	No
<b>TOTAL</b>	<b>210,000</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