

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: New Horizons Day Treatment Center

2. Date of Submission: 02/07/2017

3. House Member Sponsor: Cynthia Stafford

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- 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
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)</i>		
	Column:	A	B	C	D	E
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 Request <i>(Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)</i>
Input Amounts:					550,000	550,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? 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? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Children and Families

6. Requester:

- a. Name: Evalina Bestman, Ph.D.
- b. Organization: New Horizons CMHC
- c. Email: drbestman@nhcmhc.org
- d. Phone #: (786)466-8469

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Ullas Kuriakose
- b. Organization: New Horizons CMHC
- c. Email: ukuriakose@nhcmhc.org
- d. Phone #: (786)466-8477

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Kelly Mallette
- b. Firm: Ronald L. Book, P.A.
- c. Email: kelly@rlbookpa.com
- d. Phone #: (850)224-3427

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: New Horizons CMHC (Dr. Evalina Bestman, CEO)
- 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?

The program will provide comprehensive substance abuse and mental health treatment to the high and moderate risk youth males with mental health and substance abuse (co-occurring) disorders to provide them with the opportunity and support to develop, achieve and maintain a life style free of crime 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. F) 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 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, printing.	64,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Direct service staff implementing the services 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 maintenance, etc.	66,000
<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		
TOTAL		550,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

N/A

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:

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.

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 Juvenile Justice System Improvement Project administered by the Center for Juvenile Justice Reform at Georgetown University . Early data from pilot loactions in the project indicate that the recidivism rates are much lower for youth who are categorized as moderate-

high Positive Achievement Change Tool (PACT) level youth when linked to the appropriate level of care, which is a day treatment facility. Appropriate placement was the strongest indicator linked to lower recidivism rates.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. Describe the target population to be served. 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
- Other (Please describe): A specific population served by Department of Juvenile Justice- At risk Youth co-occurring disorders.

17b. 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 all 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 able to be self directed, better judgment; control emotions, establish goals in terms of delayed gratification, etc.	Achievement of goals on the Evidence Based (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 checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Reduction of Risk factors and recidivism rates.	Pre and post assessment of risk factors and life skills and Aggression Replacement Training.
<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. Implemented 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 and delinquency behaviors, reduction criminogenes risk factors.	Achievement of Goals of EBP Treatment. No use of substance.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Lower or eliminate recidivism.	Assessment of Performance in the EBP delinquency interventions.
<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 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	550,000	90.9%	N/A
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:	34,200	5.7%	No

TOTAL	605,000	100%	
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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 2017-18 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
- 1-2M
- >2-3M
- >3-10M
- >10M