

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Spires Behavioral Health Care Center - After School Mental Health Counseling Program

2. Date of Submission: 02/07/2017

3. House Member Sponsor: Brad Drake

Members Copied: Joseph Abruzzo

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

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 (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 (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2017-18 (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 .)		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring Request (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.)
Input Amounts:					185,000	185,000

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: Willie Spires
- b. Organization: Spires Behavioral Health Care Center, PLLC
- c. Email: spiresbehavioral@gmail.com
- d. Phone #: (850)482-4177

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

- a. Name: Willie Spires
- b. Organization: Spires Behavioral Health Care Center, PLLC
- c. Email: spiresbehavioral@gmail.com
- d. Phone #: (850)482-4177

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

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

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

- a. Name: Spires Behavioral Health Care Center, PLLC
- b. County (County where funds are to be expended): Jackson
- c. Service Area (Counties being served by the service(s) provided with funding): Calhoun, Holmes, Jackson, Liberty, Washington

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) Behavioral Health Care Center

11. What is the specific purpose or goal that will be achieved by the funds being requested?

To provide after school mental health counseling and tutoring to at risk and non-at risk children in an effort to curtail/prevent violence in our communities and society in general. These services will be provided by licensed mental health professionals, certified teachers and mental health technicians. A myriad of mental health topics will be addressed such as depression, school violence, anger management, mental and physical abuse, self esteem, suicide, etc.

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	Overall supervision of the program. Development of treatment plans. Provides crisis intervention services afterhours when necessary.	50,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	All inclusive.	0
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Transportation for individuals who, otherwise, could not participate.	5,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Licensed therapists will be hired to assist with individual and group counseling. Also, certified teachers will be used to provide tutorial services. Mental health technicians will be used in the provision of	100,000

	services.	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Office expenses, vehicle operational expenses and transportation, supplies.	30,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Program building will be provided by applicant.	0
TOTAL		185,000

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)

- ☐ 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): Private practice behavioral health care clinic

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:

Public School System and DCF agencies.

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:

Jackson County School Board and local social service agencies.

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)

17b. How many in the target population are expected to be served?

- ☐ < 25
- ☐ 25-50
- ☒ 51-100
- ☐ 101-200
- ☐ 201-400
- ☐ 401-800

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 checked="" type="checkbox"/> Improve physical health	Topics will be presented on good nutrition and link good physical health to good mental health.	Students will practice good nutritional habits as evidenced by parent and teacher reports.
<input checked="" type="checkbox"/> Improve mental health	Students will become less defiant and oppositional. Academic performance will be enhanced. Less violence. Will identify and treat mental health problems early.	Monitor and observe these individuals in the school and community environments to ascertain progress. Also, parent and teacher feedback.
<input checked="" type="checkbox"/> Enrich cultural experience	Participants will be exposed to cultural experiences by participating with diverse students and program professionals.	Participants will learn to be more accepting of diversity.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Students will become more successful academically as evidenced by providing copies of their report cards.	Monitoring grades.
<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.)	Lessen the propensity to engage in criminal activities by providing healthy alternatives to committing crimes.	Monitor crime rate. Monitor and observe these individuals in the school and community environments to ascertain progress. Also, parent and teacher feedback.

<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	Treatment personnel will be required to provide therapeutic services.	Monitor and observe these individuals in the school and community environments to ascertain progress. Also, parent and teacher feedback.
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	Efforts will be made to deter participants from entering or re-entering the juvenile justice system.	Monitor crime rates.
<input checked="" type="checkbox"/> Reduce substance abuse	Classes will be conducted on the evils of substance abuse and the negative effects upon the body and society at large.	Monitor and observe these individuals in the school and community environments to ascertain progress.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Classes will be conducted on citizenship and avoiding criminal activities.	Monitor and observe these individuals in the school and community environments to ascertain progress. Also, parent and teacher feedback.
<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 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:	185,000	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	185,000	100%	

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

No