

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Delores Barr Weaver Policy Center - Girl Matters: Continuity of Care Program

2. Date of Submission: 11/07/2017

3. House Member Sponsor: Cord Byrd

Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- 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***
- What is the most recent fiscal year the project was funded? 2017-18
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
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 plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:		375,000	375,000		375,000	375,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? Yes

5a. If yes, which state agency? Department of Juvenile Justice

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

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.

N/A

6. Requester:

- a. Name: Dr. Lawanda Ravoira
- b. Organization: Delores Barr Weaver Policy Center
- c. Email: lravoira@seethegirl.org
- d. Phone #: (904)598-0901

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

- a. Name: Dr. Lawanda Ravoira
- b. Organization: Delores Barr Weaver Policy Center
- c. Email: lravoira@seethegirl.org
- d. Phone #: (904)598-0901

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

- a. Name: Thomas Griffin
- b. Firm: Smith, Bryan & Myers
- c. Email: tgriffin@smithbryanandmyers.com
- d. Phone #: (850)224-5081

9. Organization or Name of entity receiving funds:

- a. Name: Delores Barr Weaver Policy Center
- b. County (County where funds are to be expended): Duval
- c. Service Area (Counties being served by the service(s) provided with funding): Baker, Clay, Duval, Nassau, St. Johns

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 sustain and expand the successful demonstration project, Continuity of Care: Girl Matters Model that provides intensive, wrap around services to justice involved girls and their families and saves the State of Florida significant funding by preventing girls who do not pose a public safety risk from being committed to costly residential programs. For every 30 girls prevented from being committed to a residential commitment facility, the State avoids costs totaling \$1.3M.

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 checked="" type="checkbox"/> e. Salaries and Benefits	Clinicians (2 FTE) \$96,981, Care Managers (2 FTE) \$92,951, Sr. VP Model Programming (.50 FTE) \$50,470, Psychologist (.75 FTE) \$30,000 with 30% benefits, \$81,120	351,522
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Mileage reimbursement for clinicians and care managers to provide services in-home, court, schools, detention centers, etc.	23,478
<input type="checkbox"/> g. Consultants/Contracted Services/Study		

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		375,000

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)

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:

Letters of support from the following: State Attorney, Melissa Nelson; Public Defender, Charles Cofer; members of The Justice for Girls Leadership Council; Hon. David Gooding, Hon. Virginia Norton, Hon. Suzanne Bass, Fourth Judicial Circuit of Florida; Robert W. Mason, Dir. of Juvenile Division, Public Defender; Dr. Vicki Waytowich, E.D., Jacksonville System of Care Initiative; Dr. Christine Cauffield, President, LSF Health Systems (Managing Entity),

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?

1) Individualized Assessment Services- Each girl that is referred will receive a complete intake assessment which includes psychosocial assessment and family strengths and needs assessment. The care manager completes the PAT assessment to determine risk domains. The care manager develops care plans with girls/families, prioritizes needs and develops strategies to address needs. Assessments may also include Juvenile Assessment and Intervention System Assessment (JAIS)

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

The following summarizes the types and amount of serves to be provided to system-involved girls aged 11-18 and their family members:  
?Diversion Groups (estimated 24 groups per year/90 girls served annually): Psychoeducational group for girls who are court ordered by the State Attorney's Office to attend diversion for first time misdemeanor offenses. Groups are designed to improve communication skills and education girls/caregivers about available resources.

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	PAT Assessment Risk Score	PAT Assessment Risk Score
<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.)	No new arrests for criminal offense	JJIS data at exit PAT or at reporting
<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	No new arrests for criminal offense	Tracking of juvenile justice system involvement
<input checked="" type="checkbox"/> Reduce substance abuse	PAT assessment risk domain regarding substance use	Initial PAT assessment and Exit PAT on same measure
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Numbers of girls diverted from the justice system or prevented from	Tracking of juvenile justice system involvement

	deeper involvement	
<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 2018-19 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:	375,000	58.2%	N/A
2. Federal:	100,000	15.5%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	169,302	26.3%	Yes
TOTAL	644,302	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 2018-19 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