

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: The Village Youth Housing Project

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Kimberly Daniels

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, Col. E
- 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:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <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:					276,300	276,300

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

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No

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.

NA

6. Requester:

- a. Name: Terri D. Glover
- b. Organization: Northwest Behavioral Health Services, Inc
- c. Email: tglover@nwbh.org
- d. Phone #: (904)534-0996

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

- a. Name: Terri D. Glover
- b. Organization: Northwest Behavioral Health Services, Inc
- c. Email: tglover@nwbh.org
- d. Phone #: (904)534-0996

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

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?

Due to the lack of housing locations for repeat 8 to 17 years old, court documented uncontrollable offenders, Northwest Behavioral program will bridge the gap between JSO, FSSNF and DCF in an effort to provide safe housing and social and psychological treatment activities to include the increase of parental involvement to help reduce the youth involvement in truancy, delinquency and criminal activities.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Executive Director - \$3,000.00	3,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Program Director / Therapist \$49,000.00 Therapist \$37,000.00 Intensive Targeted Case Manager \$33,000.00 House Parent / Residential Coordinator \$32,500.00 House Parent Aid \$20,000.00	171,500
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Food/Groceries/Caterer OR Food Service Manager \$9,000.00	9,000
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Maintenance & Repair \$3,000.00 Public Transportation \$800.00 Legal Fees \$4,000.00 Office Supplies \$500.00 Household and Grounds Supplies \$1,000.00 Office Equipment \$2,000.00 Utilities	86,800

	\$12,000.00 Rent (12 Mos) - \$48,000.00 Telephone/Internet/Cable - \$2,500.00 Liability General, Property - \$9,000.00 Recreational Activities - \$500.00 Furniture - \$3500.00	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Renovation / Alterations \$6,000.00	6,000
TOTAL		276,300

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 Family Support Service of North Florida; Dept of Children and Families; Jacksonville Sheriff Office

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 Village will provide emergency temporary housing placement up to 72 hours while simultaneously ensuring the child is transition to a safe and secure placement afterwards. While placed, the following will occur: 1. Triaged for medical, behavioral, substance abuse treatment and supportive services; psychiatric and psychological assessments: medical checkups/management, behavior health therapy and case management for psychiatric, psychological, social and behavioral issues. 2. Educational servi

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

1. Triaged services will be managed through an inter entity collaboration and tracked by an Advanced Registered Nurse Practitioner and a licensed behavior Health Professional using electronic medical records systems to justify delivery of one-stop-wraparound services. 2. Community collaboration with Edward Waters College to provide the community educational, culture centered educational classes and seminars for personal, social and professional consumption.

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): Abused neglected, delinquent, truant youth

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 checked="" type="checkbox"/> Improve physical health	Diagnosis and treat ADHD and Anxiety with pre/post test.	Triage the medical/mental health conditions, develop a diagnosis, treatment plan and track expected outcomes.
<input checked="" type="checkbox"/> Improve mental health	Instill 7 to 14 cultural principles toward achieving personal and social responsibilities.	Pre/post tests following training sessions and practicum activities.
<input type="checkbox"/> Enrich cultural experience		
<input checked="" type="checkbox"/> Improve agricultural production/promotion/education	Improve reading and math outcomes to expected appropriate grade levels	Pre/post test following remediation sessions.
<input checked="" type="checkbox"/> Improve quality of education	Improve reading and math outcomes to expected appropriate grade levels	Pre/post test following remediation sessions.
<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.)	Reduce personal involvement in truancy, delinquency and violent and criminal activities.	Behavioral change requirements will be specified in the therapist's treatment plan and targeted case management service plan. 1 and 2 will collectively modify, assess and track expected behavior outcomes.
<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	Triage and identify current behavior, develop and track a behavioral change regimen, compare one and two to identify achieved outcomes	Behavioral change requirements will be specified in the therapist's treatment plan and targeted case management service plan. One and two will collectively modify, assess and track expected behavior outcomes.
<input checked="" type="checkbox"/> Reduce substance abuse	Reduce incidents of self medicating	The therapists, Certified Addiction Professionals (CAP) and medical professionals will develop collaborative treatment plans. The targeted case managers will develop a service plan. One and two will collectively modify, assess and track expected behavior outcomes.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Reduce personal involvement in truancy, delinquency and violent and criminal activities.	Behavioral change requirements will be specified in the therapist's treatment plan and targeted case

		management service plan. 1 and 2 will collectively modify, assess and track expected behavior outcomes.
<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:	276,300	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	276,300	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