

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: AMlkids Family Centric Programming
2. Date of Submission: 11/14/2017
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? 2017-18
- 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 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>	<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:		3,000,000	3,000,000		3,000,000	3,000,000

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 Juvenile Justice
  - 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 consequences shall be assessed for non-compliance or non-performance for specified contractual infractions.

6. Requester:

- a. Name: Mike Thornton
- b. Organization: AMIkids
- c. Email: mat@amikids.org
- d. Phone #: (813)477-4853

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

- a. Name: Phildra Swagger
- b. Organization: AMIkids
- c. Email: pjs@amikids.org
- d. Phone #: (813)477-6083

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

- a. Name: Tara Reid
- b. Firm: Strategos Public Affairs, LLC
- c. Email: treid@strategosgroup.com
- d. Phone #: (386)530-0426

9. Organization or Name of entity receiving funds:

- a. Name: AMIkids
- b. County (County where funds are to be expended): Broward, Clay, Duval, Gadsden, Hillsborough, Manatee, Miami-Dade, Pinellas
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, Clay, Duval, Hillsborough, 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?

AMIkids Family Centric Model incorporates family engagement and alliance so that the prevention and intervention services with youth have a long term impact. In 2017-2018, AMIkids provided additional services through the model to youth enrolled in the gender specific and day treatment programs and continued to provide an evaluation to assess and improve the quality of evidence-based services delivery and promising delinquency interventions for this population.

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	Two regional directors who oversee program	75,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Executive Director and Business Manager. Additionally, back office functions to include direct support for payroll, regional management, IT, accounting support, and other corporate level functions.	550,000
<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	All remaining staff which includes 24 staff members and benefits. ? 3 Family Support Directors ? 16 Family Support Specialists ? 2 Case managers ? 1 Behavior interventionist ? 1 Business Manager	1,575,000

	1 Director of Operations	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Student transportation (transporting students to/from home, to job interviews, and to community service) ? Repairs and maintenance ? Rentals (facility lease for after school vocational program) ? Communications (telephone and postage) ? Instructional supplies for program sites ? Public utility services (water, sewage, garbage) ? Energy Service (electricity	750,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Contract for fidelity of the program	50,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>3,000,000</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)

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?

No

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:

AMIkids has support from students, parents, and businesses across the state of Florida. The program receives letters frequently from parents and students whose lives have benefitted from AMIkids, and families whose functioning has improved because of AMI's commitment to involving the entire family in prevention and intervention. Dr. Diana Green (Manatee Schools), Superintendent Roger Milton (Gadsden Schools), and Superintendent Addison Davis (Clay Schools) have been vocal supporters of AMIkids.

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?

In the final Year One report, The Justice Research Center (JRC) indicated that preliminary psychosocial and family functioning outcomes were promising, with most programs reporting improvements in youths' rule breaking behaviors, aggressive behaviors, oppositional defiant problems, conduct problems, family general functioning, and family communication. No youth were adjudicated for offenses occurring after completion of the Family Centric Model program.

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

Youth will receive screening and assessment to determine eligibility for Family Centric Model services. Youth who are between the ages of 11 and 17 who voluntarily enroll, and who have at least three of the following five risk factors receive Family Centric Model direct services: 1) family instability and conflict, 2) school instability or failure, 3) physical health and mental health problems, 4) attitude/behavior problems, or 5) victimization history.

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	Number served who reduce antisocial behaviors, improve psychosocial functioning, and improve family-functioning.	To assess individual youth functioning, all AMI kids genderspecific prevention program students will receive the Prevention Assessment Tool (PAT) assessment and the Community Positive Achievement Change Tool (C-PACT)
<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 type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<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	Number of AMIkids students who successfully complete our programs who do not re-offend for 12 months. Nationally, 77% of AMIkids students do not reoffend	All AMIkids gender-specific prevention program students, will receive the PAT. Specific domains addressed through the AMIkids Family Centric Model are use of free time, relationships, family/living arrangements,
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Number of AMIkids students who successfully complete our programs who do not re-offend for 12 months. Nationally, 77% of AMIkids students do not reoffend	Youth assigned to the treatment group and the control group will be tracked throughout the evaluation to determine whether they have committed a law offense during services (referred to as an Offense During Services [ODS]). All youth will be tracked to determine whether they are adjudicated for any law offense within 12-mon

<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 checked="" type="checkbox"/> Other (Please describe): The number of youth served who	The number of youth served who reduce anti-social behaviors, improve psychosocial functioning, and improve family-functioni	To assess family functioning, the Texas Christian University (TCU) Family and Friends Assessment (FFA) and the McMaster Family Assessment Device (FAD) will be administered to treatment group youths and their families. Both assessments will be administered

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:	3,000,000	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
<b>TOTAL</b>	<b>3,000,000</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 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