



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Children's Community Action Team for Santa Rosa County

2. **Senate Sponsor:** Doug Broxson

3. **Date of Submission:** 11/16/2017

4. **Project/Program Description:**

Establish a Children's Community Action Team for Santa Rosa County

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Children and Families

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

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
750,000		750,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0%

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 750,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18
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	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

\$750,000

11. Program Performance:

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

To keep children in the home setting and provide the necessary intensive services in the home without interrupting the placement of family unit.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?

The CAT team serves children that have had many acute care admissions or more than one admission to a SIPP. The program provides all services that a child may need in order to maintain them in the community in the least restrictive setting for them. Those services include individual, family and group team services. Medical services are also provided through a registered nurse and a psychiatrist.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Operational personnel	551,196
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Building, travel, equipment, insurance, supplies, incidentals	198,804
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		750,000

d. What are the direct services to be provided to citizens by the appropriations project?

The team provides individual, group and family therapy, case management services and medical (psychiatry). The team will also spend money on incidental items like medicine if it helps maintain a child in the community.

e. Who is the target population served by this project? How many individuals are expected to be served?

Persons with poor mental health, persons with poor physical health, economically disadvantaged persons, at-risk youth, grade school students, high school students, currently or formerly incarcerated persons, drug offenders, and victims of crimes.

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Improved mental health - resulting in intervention during acute episodes - measured by reduced recidivism. General public protected from harm - because quick action will minimize negative outcomes- measured by reduced community criminal rates. Increased job opportunities -resulting in more team members being hired - measured by increased job placements in the community. Reduced recidivism - resulting in less re-occurrence of negative activity - measured by reduced offences by individual. Reduced substance abuse - because of quick intervention- measured by reduced substance abuse offenses in the community. Diversion from criminal/juvenile justice system - because of quick intervention , measured by decreased number of individuals entering the judicial system.

g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

Lakeview Center would execute the standard contract for CAT services with DCF. That Language includes financial penalties for non-performance, as well as the possibility of a corrective plan and constant monitoring to ensure deliverables are accomplished.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the



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relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

- a. **Name:** Allison Hill
- b. **Organization:** Lakeview Center, Inc.
- c. **Email:** Allison.Hill@bhcpns.org
- d. **Phone Number:** (850)469-3700

14. Recipient Contact Information:

- a. **Organization:** Lakeview Center
- b. **County:** Santa Rosa
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Allison Hill
- e. **E-mail Address:** Allison.Hill@bhcpns.org
- f. **Phone Number:** (850)469-3700

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

- a. **Name:** Alicia Skolrood
- b. **Firm:** Baptist Health Care
- c. **Email:** Alicia.Skolrood@bhcpns.org
- d. **Phone Number:** (850)469-7159