



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Childrens Crisis Team (CCT)

2. **Senate Sponsor:** Bill Galvano

3. **Date of Submission:** 11/20/2017

4. **Project/Program Description:**

CCT is a community based service that is designed to provide mobile, intensive clinical services for youth up to 17 years of age. These youth may have experienced trauma and are at risk for self-harm. Left untreated, their behaviors would likely result in higher and more restrictive levels of care such as Baker Acts or hospitalizations.

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

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
401,307		401,307

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	296,751	42.5%
TOTAL	296,751	42.5 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 698,058

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (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:		200,000	200,000

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

Yes

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

\$420,000

11. Program Performance:

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

To provide an intensive community based clinical service that responds to and manages a crisis; identifies the underlying factors of the crisis and the ongoing needs of the youth and family; and then, puts in place necessary services to support these needs with the goal of diverting high end utilization of mental health resources.

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

Over a 90 day period, master level clinical staff provide mobile crisis intervention, stabilization, and intensive mental health counseling. Case management activities connect the youth and family to services that will address identified issues over time in a least restrictive setting.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	.5 FTE Program Coordinator	25,000
<input checked="" type="checkbox"/> Other Salary and Benefits	FICA, Health, Dental, Retirement, Life & LTD, Workers Comp & Unemployment	80,853



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<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	4 full time Crises Team Specialists, .25 FTE Director of Grants Management, .25 Vice President of Behavioral Health & Wellness	219,877
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Supplies, Postage, Cell Phones, Hot Spots, Laptops, Occupancy and Staff travel	39,397
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	n/a	36,180
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		401,307

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

Over a 90 day period, master level clinical staff provide mobile crisis intervention, stabilization, and intensive mental health counseling. Case management activities connect the youth and family to services that will address identified issues over time in a least restrictive setting.

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

In Sarasota, youth ages 0- 17, in Manatee, youth ages 11- 17 who have mental health issues and who may be impacted by substance use. The combined target for CCT is to serve 201-250 youth.

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

The benefits of CCT services include the following: Youth receive an intensive community based service that manages the crisis in a less restrictive setting while diverting costly higher level interventions such as Baker Acts and/or hospitalizations . CCT minimizes the trauma and disruption to the youth that is often associated with accessing higher end services. CCT works with the youth and family to put in place ongoing supports and services that will address their needs and reduce future baker acts and hospitalizations. Each youth who has received CCT services will be reviewed for baker acts or hospital admissions in the 3 months following the intervention.



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- 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?**
Would receive a reduction of allocations for only the outcomes achieved.
12. **The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**
N/A
13. **Requestor Contact Information:**
- Name:** Rose Chapman
 - Organization:** JFCS of the Suncoast, Inc.
 - Email:** rchapman1@jfcs-cares.org
 - Phone Number:** (941)587-5317
14. **Recipient Contact Information:**
- Organization:** JFCS of the Suncoast, Inc.
 - County:** Manatee, Sarasota
 - Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
 - Contact Name:** Rose Chapman
 - E-mail Address:** rchapman1@jfcs-cares.org
 - Phone Number:** (941)587-5317
15. **If there is a registered lobbyist, fill out the lobbyist information below.**
- Name:** None
 - Firm:** None
 - Email:**
 - Phone Number:**