



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Community Action Team for New Horizons of the Treasure Coast

2. **Senate Sponsor:** Denise Grimsley

3. **Date of Submission:** 12/22/2017

4. **Project/Program Description:**

The Community Action Team (CAT) is a behavioral health intervention team that serves children and adolescents up to age 21 who have serious behavioral health issues. A CAT Team is designed to be a safe and effective alternative to out-of-home placement by providing families of these youth with support and services needed in a community setting on a 24 hour, 7-day a week basis.

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? Yes

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

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:		750,000	750,000

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?

The program goals are as follows: 1) Improve school related outcomes such as attendance, grades and graduation rates; 2) Decrease out-of-home placements; 3) Improve family and youth functioning; 4) Decrease substance use and abuse; 5) Decrease psychiatric hospitalizations; 6) Increase health and wellness; and 7) Transition into age appropriate services.

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

The CAT team includes a psychiatric prescriber, a mental health professional, a licensed nurse, a case manager and a therapeutic mentor who provide 24/7 services including therapy, psychiatric evaluation and management, skills development, and development of natural and community supports necessary to maintain the youth in the community.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	0.1 FTE Division Director	12,000
<input checked="" type="checkbox"/> Other Salary and Benefits	Payroll, HR, IT, Contract Manager, Billing, CC/QI, A/P	60,000



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<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Equipment, Supplies	3,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	1 Lic Program Manager, 3 MA Level, 5 BA Level, 0.15 RN, 0.1 MD, 1 Support Staff	490,530
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Building Occupancy, Travel, Equipment, Insurance, Supplies, Incidentals	163,850
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Contracted Services, Audit Fees, Professional Services	20,620
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?

Direct services to the population served include psychiatric evaluation and management, therapy, case management and skills development designed to maintain youth in the community. This serves the general population in that it minimizes: use of more expensive residential placement, use of hospital emergency room services, and the need for law enforcement or judicial intervention.

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

35 individuals will be served at a given point in time. These are youth with serious behavioral health issues that are at-risk for out-of-home placement, or have had multiple failures in hospital treatment, or department or justice system involvement.

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

Expected outcomes include: 1) Improved school related outcomes such as attendance, grades and graduation rates; 2) Decreased out-of-home placements; 3) Improved family and youth functioning; 4) Decreased substance use and abuse; 5) Decreased psychiatric hospitalizations; 6) Increased health and wellness; and 7) Transition into age appropriate services. Outcome measures will be submitted to the Managing Entity as required and will include Children's Functional Assessment Ratings; number and days of out-of-home placement; and attendance, grade and graduation statistics.



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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?**
Non payment of invoices.
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:** John Romano
 - Organization:** New Horizons of the Treasure Coast, Inc.
 - Email:** jromano@nhtcinc.org
 - Phone Number:** (772)475-1824
14. **Recipient Contact Information:**
- Organization:** New Horizons of the Treasure Coast, Inc.
 - County:** Saint Lucie
 - Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
 - Contact Name:** John Romano
 - E-mail Address:** jromano@nhtcinc.org
 - Phone Number:** (772)475-1824
15. **If there is a registered lobbyist, fill out the lobbyist information below.**
- Name:** Ken Pruitt
 - Firm:** The P5 Group, LLC
 - Email:** KEN@theP5group.com
 - Phone Number:** (772)971-5760