



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1309

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

For 50 years Here's Help has served South Florida providing treatment to predominately economically disadvantaged and ethnically diverse youth. Here's Help is the only publicly funded agency in Miami-Dade County providing residential substance abuse treatment to juvenile males. Substance abuse and mental health issues are addressed through a comprehensive treatment program that includes individual, group and family therapy and educational programs in a structured living situation that prevents entry into a higher level of care or incarceration. Evidence based clinical interventions focus on wellness, self-esteem, self-guidance and independence in addition to alternative therapies that support the agency's excellent track record of transitioning the lives of criminal justice involved youth to productive citizens (87% successfully complete the program). Current funding is significantly short of what is needed to meet the demand of juveniles who are in serious need for these services.

5. **State Agency to receive requested funds**
- State Agency contacted?     Yes     No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="225,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
<b>Total State Funds Requested</b>	<b>225,000</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="225000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
<b>Matching Funds</b>		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>225,000</b>	<b>100</b> %

8. **Has this project previously received state funding?**     Yes     No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text" value="2019-20"/>	<input style="width: 80%;" type="text" value="200,000"/>	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="370"/>	<input type="text" value="No"/>

9. **Is future-year funding likely to be requested?**     Yes     No

If yes, indicate nonrecurring amount per year.



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10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		<input type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
<b>Operational Costs: Other</b>		
Salary and Benefits	Therapists and milieu	225,000
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		<input type="text"/>
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>225,000</b>



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## 11. Program Performance

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

As the only publicly funded agency treating residential juvenile males, we lack the funding to treat the demand for these services. The goal would be to obtain funding to provide additional beds for these youth in critical need of residential services.

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

Highly structured evidenced based residential substance abuse treatment program for male juveniles. Services and activities include; individual, group and family therapy, educational programming, medical, dental and psychological services, social and recreational activities, and alternative therapies including art, music, photography, and computer graphics.

- c. What direct services will be provided to citizens by the appropriation project?

Residential substance abuse treatment services for male juveniles.

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

High risk, criminal justice involved adolescents ages 13-17. Four additional beds will be added serving 12 individuals per year.

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

To have 74% of the participants successfully complete the residential program. State of Florida Department of Children and Families success criteria will be used which includes the client being drug free and completing 75% of the treatment goals.

- f. 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?

Funding suspended.



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12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

N/A

13. **Requestor Contact Information**

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- For-profit Entity
  - Non-Profit 501(c) (3)
  - Non-Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (please specify)
- d. First Name  Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.